MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

PM3. Page Ne goges land 2 with the State Department of necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta any delay is the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If

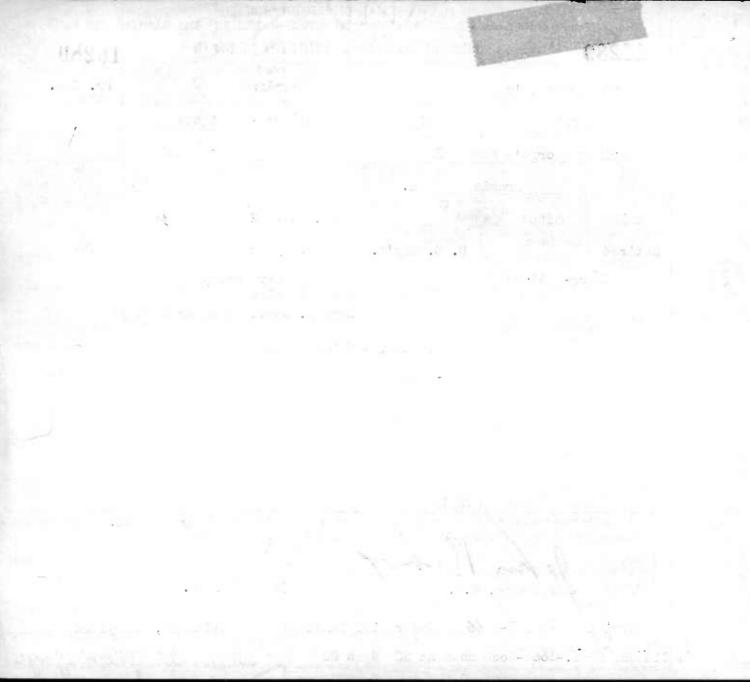
Health or its designated agent, priar to burial, cremation, ar remayal, and in any event within 72 haurs after death. 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit.

VR A15ME 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE, MARYLAND 6900 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10060

2040		TED TOTAL EXCHANGE		CERTIFICATE C	T DEATH		1.11	201	1	
1 PLACE OF DEATH	4			2. USUAL RESIDENCE (e before	odmissio	n)
o. COUNTY Prin	ice George's	MARYL	AND	o. SMarylan	d	b. COUN	Pr Pr	. Ge	0.	
		c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou		imits, write RUR				
Che	ond give neorest town)	DOA		Hillcres	t Heigh	ts		16-	1	
d. NAME OF HOSE	PITAL OR INSTITUTION (If not in hos	spitol, give street oddress)		d. STREET ADDRESS				e	IS RESID	ENCE
Prin	nce George's Hos	pital		2704 Co	lebrook	Drive		Y	ON A FA	NO X
3. NAME OF	First	Middle		Last	4. DATE	Mont	h	Day	Yeo	ır
DECEASED (Type or print)	Archie	Α.		Adams	OF DEATH		ıly	4		
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8.	DATE OF BIRTH	9. Al	GE (In years ost birthdoy)	IF UNDER 1	YEAR Doys	IF UNDER Hours	24 HRS. Min.
male	white WID	OWED DIVORCED	□ De	ec. 7, 1892	"	73 yrs.	MORINS	νογς	HOUIS	PAINT.
	ION (Give kind of work dane ng life, even if retired)	10b. KIND OF BUSINESS OR		11. BIRTHPLACE (Stote		ry)		ZEN OF	WHAT	
Retired	ing ine, even in reined)	U. S. Gov't.		Marylan	d		coç	USA		
13. FATHER'S NAME				14. MOTHER'S MAIDEN						
Ge	orge Adams			Mary	Robey					
	EVER IN U.S. ARMED FORCES? n) ((If yes give wor or dates of service)	16. SOCIAL SECURITY NO.	17. IN	FORMANT Wife		Addre	SS			
no	If yes give wor or doles or service		Emp	na M. Adams	Same a	as Item	#2			
18. CAUSE OF	DEATH (Enter only one couse per I	ine for (o), (b), ond (c).)							RVAL BET	
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pulmonary	fail	ure				222	T AND D	irs
527	DUE TO									
Conditions, if o	ny, which gove (b) (b)	Pulmonary	emph	vsema				OV	rer 8	3 vr
stoting the un-										
lost.) (c)									
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELA	TED TO TH	IE TERMINAL DISEASE CON	NDITION GIVEN IN	PART 1(o)		19. V	WAS AUTO	PSY D?
20g. EXTERNAL PRIMARY Or or CANSE OF DEATH								YES		NO 🔀
20g. EXTERNAL	CAUSE WAS CONTRIBUTING	20b. DESCRIBE HOW INJURY OCC	CURRED. (E	nter noture of injury in	Port I or Part II	of item 18.)				
20c. TIME OF II				OF INJURY (Home, farm		ity or town)	(Cou	nty)	(Stole)
W	10	While of work of work	106101	ry, street, office bldg., etc.)						
21. 1 cert	tify that I taak charge af th	ne remains described abo	ave, held	an Autopsy [],	Inspection	, Inqu	iry 😿 ,	and	in my	opiniar
	ulted from: Natura caus			de , Hamicide	-	termined mo				
	1 //		CHIEF MEDICAL							
SIGNATURE	Cohn	1 ery		M.D. ASSISTANT MED	ICAL EXAMINER			-	. DATE	
EXAMINER'S NAME (Type)	John Kehoe, M	M.D.		DEPUTY MEDICA	AL EXAMINER MO	ounty)		7	7-4-6	56
230. BURIAL, CREMA	TION 23b. DATE THEREOF	23c. NAME OF CEMET	TERY OR C			ION (City or Tov	vn) ((County)	(\$1	tote)
REMOVAL (See	July 7-196	6 Cedar Hil	11 Ce	meterv	Sui t.	and.	Morvil	hne		
		ADDRESS	- 30		BY REGISTRAR	and, 25b. RE	GISTRAR'S SI	GNATURE		
Simmons B	ros1661-Good	Hope Rd SE Wa	ash I	OC DATE 1	111 6	1066	och	No.	Oud	40



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		A DESCRIPTION OF THE PROPERTY
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Ser John Jari	NAME OF THE PROPERTY OF THE PARTY OF THE PAR	SA PURISPORT TO STATE OF
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	S TOUA SE VICE SE SUIT PARTE SE	

MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Maryland

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)

b. COUNTY

Month

Prince George's

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

Address Auattsville. Md-

COUNTRY?

e. IS RESIDENCE ON A FARM?

YES NO X

19 66

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

FOR STATE

24 hours after deoth.

This certificate should be executed within

MEDICAL EXAMINER:

1. PLACE OF DEATH

Prince George's

o. COUNTY

State Departm ofter hours within with 1 9 and removal burial-transit 10 used os a burial-tr buriof, cremation, pe 0 its designoted ogent, prior 3 should

should may be retained for your FUNERAL DIRECTOR: Page the funeral director. 5 may be TO FUNERAL Health or i VR A15ME (5) 6M 1/66

2, and 3 to PM3. Page b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) DOA Hvattsville Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS in pencil in Item 18. Give Poges 1, Prince George's General Hospital 76th Court 5410 along with 3. NAME OF 4. DATE DECEASED Paul Ambrose Timothy (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED -22-66 Office white male 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY Idagerstown Md.

14. MOTHER'S MAIDEN NAME Chief Medical Examiner's None 13. FATHER'S NAME Dorothy Knapp John H. Ambrose 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) Mr. John H. Ambrose 5410 None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Focal pulmonary atelectasis IMMEDIATE CAUSE (o) ____ writing the ward DUE TO Interstitial pneumonia Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse (SDII) 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Hour o.m foctory, street, office bldg., etc.) Not While ot work ol work please execute 21. I certify that I taak charge of the remains described above, held an Autapsy Natural duses K death resulted fram Accident Suicide . Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, Rest Haven Cemetery 2So. REC'D BY REGISTRAR

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (City or town) (County) (Stole) Inquiry X Inspection X, and in my apinian Undetermined manner 22. DATE SIGNED 7-9-66 Kehoe M.D., Riverdale, Maryland Address (Street, city, town, or county) 23d. LOCATION (City or Town) (County) Washington Md. Hagerstown 2Sb. REGISTRAR'S SIGNATURE Rest Haven Juneral Chapel Hagerstown, Md.

With theret

send dan Christ

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10292
CERTIFICATE OF DEATH

1 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a COUNTY	a. STATE b. COUNTY
b. CITY OR TOWN (if outside torporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	01-20 0 10151.5
d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	86/2 tiney Branch Rd. Silver Spring
d white or nostitat or institution (it not in nospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
Hyattsuille llusing Home	6500 KIRES Kd. YES NO 1
3. NAME OF FIRST MIDDLE	Last 4.0 DATE Month Day Year
(Type or print) FANNIE	NKLE DEATH 16 17 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	8. DATE OF BIRTH 9. AGE (In years IV UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	Dec 15 1896 (29 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) ALES 1. 10 MAN BAKERY	Pol Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address O. C.
(Yes, no, or unkown) (If yes give war or dates of service)	7 6 1 - 1 8672,-Piney 1911/a.
NO 065-26-7965 64	enla Bentzram Sil. Spg. 14d.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC	BRAIN CARCINOMA 3-4 MONTH
1/32	
Conditions, If any, which \ DE TO PRIMARY SITE	= UNKNOWN -
gave rise to immediate	
underlying course leet	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
ATI	PERFORMED?
202 ACCIDENT WAS INDEDIVING TO 1 20b DESCRIPE HOW INDIDA OCCU	YES NO YES NO W
B OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While racto	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	eea 6/10 1966 to 7/17 1966 that (1) (we) last
	t death occurred at M, from the causes and on the date stated above.
22a, SIGNATURE	death occurred at
L marca Di Warcer	ATTENDING MED. STAFF
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 7/1/66
LAW RENCE D. MARCUS M.D.	PAR PERCHANG MAINE SILVERS
A THO RESIDENCE OF THE PROPERTY OF THE PROPERT	STEING INC.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
BURIAL 17-19-66 Montefiore	Cemetery Springtield L.I. N. T.
24. FUNERAL DIRECTOR R Danzansky & Cons (1) 25/21/2012 1	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
D. DW12413-7 + 2005 - 000011110/011-	DATE JUL 19 1966 Karantes Judge

VR A15 (4) 15M 4-64 ery managed desired passed 12.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2 Film G3 10293 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Prince George's **b** COUNTY 3 to Page Deportment of MARYLAND Maryland Prince George's
c. CITY OR TOWN (If autside corporate limits, write RURAL and give neares Town) delay b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b. ond P.M3 write RURAL and give negrest tawn) ofter /Hyatttsyn///e/ Riverdale 57 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) haurs +718 Riverdale Rd. ON A FARM? NO IN the Stote Prince George's Hospital 24 hours ofter deoth. 3. NAME OF Middle DECEASED within (Type or print) DEATH along July Sonhia Nancy Racon with IF UNDER 1 YEAR S. SEX 9. AGE (In years NEVER MARRIED lost birthday) Dovs DIVORCED WIDOWED ond 2 pencil in Item 1 female white 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

None Housewife Its.

13. FATHER'S NAME INDUSTRY COUNTRY? Chief Medical Examiner's Maryland
14. MOTHER'S MAIDEN NAME Own home This certificate should be executed within William I. Ritter Anna W. Bartz .= IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) removol. Dorothy A. Allmond 2515 Hillford Dr. Balto Mb None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (o). writing the word cremotion, DUE TO Conditions, if ony, which gove Arteriosclerotic heart disease rise to immediate couse (o), farwarded ta DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X Intertrochanteric frakture, right hip 10 pe 4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designoted ogent, prior 3 shauld PRIMARY Or CONTRIBUTING 20 Fell at nursing home. CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not While of work While Mattisth Mattor Nursing Home same as 2 While of work may be retained for your FUNERAL DIRECTOR: Poge 5-6-66 19 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection x Inquiry x and in my opinion the funerol director. death resulted from: Suicide . Noturol Quses Accident Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7-4-66 DEPUTY MEDICAL EXAMINER

5 may be roof FUNERAL Health or i VR A15ME

24. FUNERAL DIRECT

EXAMINER'S

NAME (Type)

23o. BURIAL, CREMATION

Burial Burial

W.W. Chambers 60,

23b. DATE THEREOF

7-6-66

ohn Kehoe, M.D.

ADDRESS Riverdale. Md.

23c. NAME OF CEMETERY OR CREMATORY

Fort Lincoln

Bladensburg 2So. REC'D BY REGISTRAR

AddRiverda les ofders

23d. LOCATION (City or Town)

2Sb. REGISTRAR'S SIGNATURE 1966

(County)

(Stote)

Md.

A LEGISLA CHEMICAL TO THE CENTER OF THE CONTROL OF

4339 Hunt

FUNERAL DIRECTOR

VR A15ME 5

6M 1/66

25b. REGISTRAR'S SIGNATURE

1966

Milarley Judge

2So. REC'D BY REGISTRAR

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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A V N U U					1100	
1. PLACE OF DEATH			Where deceosed lived, if ins		ce before odmission)	
o. COUNTY Prince George's	MARYLAND	o. STATE Maryland	b. (COUNTY CINCE G	enrge 1s	
b. CITY OR TOWN (If outside corporate limits,	C. LENGTH OF STAY IN 16		tside corporote limits, write			
write RURAL and give nearest town)	704			1/		
Riverdale	DOA	Dillion Pa	ark	16	- IS DECIDENCE	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g	live street oddress)	d. SIKEET ADDRESS			e. IS RESIDENCE ON A FARM?	
Chamber's Funeral Home		15104 G. St	reet		YES NO X	
3. NAME OF First	Middle	Lost .		Month	Doy Year	
DECEASED (Type or print) Rose	E	Bailev	OF DEATH	7	20 1966	
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year		YEAR IF UNDER 24 HRS.	
Female White WIDOWED	DIVORCED T	7 Feb. 1887	lost birthdoy		Doys Hours Min.	
T. CINGTO MITTO	ND OF BUSINESS OR	11. BIRTHPLACE (Stote			IZEN OF WHAT	
during most of working life, even if retired) INI	DUSTRY	1/1		COI	UNTRY?	
	LUN HOME	WEST. L	IRGINIA	- 4	USA.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME			
UNK D	ENNETT				UNK	
	SOCIAL SECURITY NO. 179	INFORMANT	A	ddress		
(Yes, no or unknown) (If yes give wor or dotes of service)	NO. L	& K. Boilen	Je -522	# 2		
1B. CAUSE OF DEATH (Enter only one couse per line for	(a) (b) and (c))				INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Hear					ONSET AND DEATH	
		1.0 7 1 1	•	797	minutes	
DOL TO THOM	Arteriosclero				unknown	
rise to immediate couse (a)	Rheumatic valu	nılar heart	disease		unknown	
stoting the underlying couse						
lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED?	
ATIO					YES IN NO	
20o. EXTERNAL CAUSE WAS 20b. DES	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	Port I or Port II of item 18.			
PRIMARY □ or CONTRIBUTING □	The state of the s	(or real to none to.			
	THIRT OCCUPATO	CE OF INITIDY (U	1 906 (6)	10-	mbs) (Care)	
⊕ Hour o.m. While		ACE OF INJURY (Home, form tory, street, office bldg., etc.)) (Cou	nty) (Stote)	
p.m. 17 of work	ot work			1 100		
21. I certify that I took charge of the rem	noins described above, he	eld on Autopsy Fr	Inspection x, I	nquiry 🔽	ond in my opinion	
deoth resulted from: Notural auses 🗵		cide . Homicide				
		CHIEF MEDICAL				
ACTUAL	oko	ACCICYANT MEDI			22. DATE SIGNED	
SIGNATURE	<u> </u>	m.D.	L EXAMINER			
NAME (Type) John Kehoe. M.D. R	Pirandala Ma		, city, town, or county)		7. 27 44	
NAME (Type) John Kehoe, M.D. R 230. BURIAL, CREMATION 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City of	Town	7-21-66 (County) (Stote)	
PREMOVAL (Specify) 7/25/66	1 / / /	// //	///		(21016)	
	I-IRLING TO			700,	CHATTION .	
24. FUNERAL DIRECTOR	ADDRESS /			REGISTRAR'S SI		
W.W. CHAMBERS L	O. JAC, W?	shad GDATE JI	1 2 5 1956	ychan	So ()	

VR A15ME (5) 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10296

10296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10288

ALTH DEDT							THA	
ALIH DEPK 14	1	PLACE OF DEATH		ALFORD THE	2. USUAL RESIDENCE (Whe	ere deceosed lived, if institu	tion: Residence befor	e odmission)
to age		Prince George	1s	MARYLAND	o. STATE Maryland	b. Q	rince Geo:	rge!s
Pag tent a		CITY OR TOWN (If outside corno	rote limits ·	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporote limits, write RI	JRAL and give neares	it town)
2, and 3 to PM3. Page partment of		write RURAL and give nearest the Cheverly	own)	DOA	Mt. Rain		16	1
	-	I. NAME OF HOSPITAL OR INSTITUT	ION (If not in hospital,		d. STREET ADDRESS			e. IS RESIDENCE
ges 1, 2, and 3 is farm PM3. Pages 1 bound at the Department have after death		Prince George	The little of the		3513 Bunl	ker Hill Roa	d	ON A FARM? YES NO X
2 S = 2 S	3.	NAME OF	First	Middle	Lost 4	. DATE Mor	ith Doy	Year
Give Finds which the thin 7		DECEASED Type or print)	Bernard	8. Bea	all (Motley)	OF DEATH 7	28	1966
8. Give alang v with the	S.	6. COLOR OR	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		male white	WIDOWED	DIVORCED	10-6-09	lost birthdoy) 56 yrs.	Months Doys	Hours Min.
n Item 1 s Office l land 2 iy event		USUAL OCCUPATION (Give kind of wind most of working life, even if retire HIECTPICIAL	ed) IN	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (Stote or Washington		12. CITIZEN OF COUNTRY?	
= 2	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	ME .		
Examiner Free gas		Charles H	{ato		Mary Elle	en Beall		
	IS.	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Add	ess	
strong be executed to the ward "pending" of the Chief Medical burial-transit permit. matian, ar remaval,	(16	s, no, or unknown) (If yes give wor Yes WWII	or dotes of service) 5	78-05-8354	Mrs.Amelia	Beall (ab	ove addr	ess)
'pending'' hief Medica ansit permi		18. CAUSE OF DEATH (Enter onl	y one couse per line for	(o), (b), ond (c),)		(Wife)	INT	ERVAL BETWEEN
"pe ief ief nsit		PART I. DEATH WAS CAUSED	BY: Core	onary Artery Oc	clusion, left	t anterior d	escending	SET AND DEATH
Chi Chi n, a		4201	DUE TO					
the ward of to the C a burial-tr cremation,		Conditions, if ony, which gove		eriosclerotic H	leart Disease			
D = + = 0		rise to immediate couse (a), stating the underlying couse	DUE TO	27.7000.707.00.70	NOTO DIDOGGO			
		last.	(c)					
arwarded arwarded used as c burial, cr		PART II. OTHER SIGNIFICANT CON	OITIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(o)	19.	WAS AUTOPSY
fary fary	CERTIFICATION						l vi	PERFORMED?
be fa	FICA	20o. EXTERNAL CAUSE WAS	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	t Lor Port II of item 181	1 /	3 45 110
	CERT	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.			(======================================			
certification in the price of t	B	20c. TIME OF INJURY Month, Do	v Yeor 20d II	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County)	(Stote)
te the cape of share age 3 share age 1, agent,	MEDICAL	Hour o.m. p.m.	While of work	Not While foct	tory, street, office bldg., etc.)	(61) 61 (611)	(com)	(31010)
R:Pag		21. I certify that I taal	charge of the ren	nains described obove, he	old on Autapsy X,	Inspection X, Inq	uiry 🗓, and	in my apinion
please exect director. Pa etained far DIRECTOR: s designate		death resulted from:	Natoral causes 1	, Accident , Suic	ide , Homicide]. Undetermined n	nanner 🗌	
please directaretretaine DIREC		1071111	/ N		CHIEF MEDICAL EX	AMINER		
ts Dele		ACTUAL SIGNATURE	us/le	M	M.D. ASSISTANT MEDICAL	L EXAMINER	2	2. DATE SIGNED
RA ar		EXAMINER'S			DEPUTY MEDICAL E	XAMINER X		7-29-66
ecessary, plane function of may be re FUNERAL I		NAME (Type) John Keh	oe M.D., Ri			ty, town, or county)		
necessary, the funeral 5 may be TO FUNERAL Health ar i	230	BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	own) (County)	(Stote)
		REMOVAL (Spridy) 1 7	30/1966	Fort Lincol	n Cem.	Colmar Ma	nor, Md.	
	24	FUNERAL DIRECTOR Nalle	y's Fune	327QQQA	2So. REC'D BY	REGISTRAR 2Sb. R	EGISTRAR'S SIGNATUR	
VR A15ME (5)		Home Inc.	A. S. Talle	Maryland	DATE AU	3 2 1966	geliarles	Judge

088.2 88801 the applicable are sent and the organization.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH SION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10297		CERTIFICA	IE OF DEATE	1		1116	00
	rince George	S		rland	b. COUNT	Princ	e Geo.
b. CITY OR TOWN write RURAL ar	(If outside corporate limits, nd give nearest town)	c. LENGTH OF STAY IN 1	b c. city or town (if Lanhan	outside corpo	rate limits, write	e RURAL and giv	ve nearest town)
d. NAME OF HOSP	ITAL OR INSTITUTION (If not li	an I	d. STREET ADDRESS	incess	Garden	PKW	ON A FARM?
3. NAME OF DECEASEO (Type or print)	Beckett,	lugh Middle	Last	4. OATE OF OEATH	July	Day	Year
5. SEX	5. COLOR OR RACE 7. MARRI WIDOW	ED NEVER MARRIED DIVORCEO	8. DATE OF BIRTH Dec 3, 1	909	AGE (In years III last birthday) N yrs.	f UNDER 1 YEAR fonths Days	Hours Min.
during most of working	g life, even if retired)	KINO OF BUSINESS OR INDUSTRY C Government	11. BIRTHPLACE (C		r foreign country)	12. CITIZEN COUNTRY US	?
13. FATHER'S NAME			14. MOTHER'S MAIL	DEN NAME			
Charl	es Cleve Becke	tt	Theresa	a Maste	rson		
15. WAS DECEASEO EV (Yes, no, or unkown) (1	f yes give war or dates of service)	16. SOCIAL SECURITY NO. 1 578 03 0972	7. INFORMANT Iva M Becke		Address Lanham,		
Conditions, if an gave rise to Ir cause (a), statunderlying cause	nmediate DUE TO	roiac	Hyper fr	JI.	1		o Hrs
ICATI	INIFICANT CONDITIONS CONTR					YE	WAS AUTOPSY PERFORMED?
	AS UNOERLYING 20b. G CAUSE OF OEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OF	CCURRED. (Enter nature of	f Injury in Part	l or Part II of	Item 18.)	
ZOC. TIME OF IN. Hour a.m. p.m.	Wh	fa	PLACE OF INJURY (Home, factory, street, office bldg., e		Ity or town)	(County)	(State)
saw the dece	that (I) (this hospital) atte ased alive on 7		hat death occurred at	964, to		nd on the date	
22a, SIGNATURE	194 Hagea	ge	M.D. PHYS.	MED. OIRECTOR	STAFF PHYS.	7-8-C	S 6
22c. PHYSICIAN' NAME (Type	-1	eage, M.D.	22d AODRESS 311)-3	38 h	Le Cort	stage	Loffee
Burial (Speci	July 12, 19		Cemetery	Colma		, Md.	(State)
F. Gasch		tsville, Md.	25a. RE	C'D BY REGIST	1966 A	Clarley	Judge
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FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral lirectar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages V and 2 should be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 haurs after depth. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

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VR 20			

1	10298		CE	RTIFICATI	OF DEATH		10	430
	PLACE OF DEATH o. COUNTY Prince	Georges		MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution b. COUN		efore odmission)
	b. CITY OR TOWN (I	f outside corporate limit	c. LENGTH OF	STAY IN 1b	c. CITY OR TOWN (If ou	tside corporote limits, write RUR	AL and give ne	arest town)
	Glenn I	dive neorest town)) 1 yr 4	mts	Washing	gton	4	7-3
	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospital, give street addre	ess)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Glenn I	Dale Hospit	al		1809	Good Hope Rd.,	S.E.	YES NO K
	NAME OF DECEASED (Type or print)	Alexan	rst Middria		Lost Berlanga	4. DATE Month OF July		Doy Year 1, 19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED NEVER A	ARRIED	8 DATE OF BIRTH 1 1/8	8/77 9. AGE (In years	Months Do	AR IF UNDER 24 HRS.
	Female	White	WIDOWED X DI	VORCED	5/8/1877 (last birthday)	MOITINS DO	ys Hours Mill.
10c dur	. USUAL OCCUPATION ing most of working UNKNOWN	(Give kind of work done life, even if retired)	10b. KIND OF BUSINESS INDUSTRY	OR	Puerto R	& State, or foreign country)	12. CITIZEN COUNT	OF WHAT
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
	Andre Di	iaz			Salieta	??		
		R IN U.S. ARMED FORCES?		/ NO. 17.	INFORMANT	Addre	ss	
(10	no, or unknown)	(If yes give wor or dotes	209-28-	D	ecedent & Ca	sualty Hospita	1	
	18. CAUSE OF DE PART I. DEAT	ATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	rise per line for (o), (b), ond (c)	embolis	m			INTERVAL BETWEEN ONSET AND DEATH 24 HOURS
	4200		1 /					
	Conditions, if ony,	, which gove)	(b)					THE RESERVE
	nse to immediate stating the under lost.		Arterioscl	erotic	heart diseas	se	1	unknown
ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS C e of left h	ONTRIBUTING TO DEATH BUT N	or RELATED TO mellitu	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART I(o)		19. WAS AUTOPSY PERFORMED? YES NO 🔏
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW IN.	IURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour o.n	10	20d. INJURY OCCURRED While Not While of work of work		ACE OF INJURY (Home, forn tory, street, office bldg., etc.		(County)) (Stote)
		fy that (抖 (this has eceased alive on_	spital) attended the dece 7/21/_19_	eased fram_ 66, and the	3/26/, at death accurred at	9 <u>65</u> , to <u>7/21/</u> -7:00 My fram causes of	, 19 <u>.66</u> , and an the c	, that (¾) (we) las date stated above
	220. SIGNATURE M.D. ATTENDING MED. STAFF 7/21/66 MED. DIRECTOR X PHYS. C 7/21/66							
	22c. PHYSICIAN'S NAME (Type)		s, M.D.			Henn Dale Hosp Henn Dale, Mar		
230	BURIAL, CREMATIC REMOVAL (Specify		EREOF 23c. NAME (OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tov	DiQ.	unty) (Stote)
24	LUNGRAL DIRECTO	ly/31-	II II IT-S	3, 1	DATE 25a. REC		GISTRAR'S SIGNA	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH 0293 CERTIFICATE OF DEATH

1.	PLACE OF DEATH		, MO	2. USUAL RESIDENCE (Where decessed lived, Il institution: Residence before admission) a. STATE VIRGINIA NORFOLK									
	D. CITY OF TOW	N (If outside corporate	limits.	MARYLA		c CITY OR			corporate limits,				t town)
		N (if outside corporate and give nearest town)					RFOLK				83	2	
A		FB MARYLAND SPITAL OR INSTITUTION	ett and to b	4 DAYS	4	d. STREET						IC DEC	IDENCE
		PITAL ANDREW		ospiter, give su vet aut	N 622)			INWO	OD AVE		e. IS RESIDENCE ON A FARM?		
3.	NAME OF	Firs	1	Middle		Last	1	4. DA		th	Day	Ye	ar
	(Type or print)	VERA			BERTI			OF DE	ATH JUI		14	19	
5.	SEX	6. COLOR OR RACE 7	. MARRIED	NEVER MARRIED	8.	DATE OF E	BIRTH		9. AGE (In year last birthda)	S IF UNDER			
	FEMALE	CAU	WIDOWED	DIVORCED	<u> </u>	11 JAN	1913		53 yrs.	Months	Days	Hours	Min.
1Da	. USUAL OCCUPAT	ION (Give kind of work do	ne 10b. K	IND OF BUSINESS OR		11. BIRTH	PLACE (Com	mty & St	tate, or foreign coun	try) 12. C	ITIZEN	DF WHAT	-
	THE RESERVE AND ADDRESS OF THE PARTY OF THE	ing life, even If retired)	1	NDUSTRY TOTAL		ARKA	NISAS /	COL	NTY UNK	C	OUNTRY	U.S	Δ.
	HOUSEWLE			N/A			R'S MAIDE					0.0	0.47.0
13.		/	771			14. MOTH							
		(NMN) CALDWE					A DRJ	LALIV					
15	. WAS DECEASED	EVER IN U.S. ARMED FOR (If yes give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT			Add	1833			
(,,	NO	N/A	3,100	NONE	SO	N/ Sam	e as 7	# 2					
	18. CAUSE OF	DEATH [Enter only one	cause per l	ine for (a), (b), and (c),	1						INTE	RVAL BE	TWEEN
		EATH WAS CAUSED BY:										ET AND	
	330	IMMEDIATE CAUSE (a) UAL	RDIAC ARREST							2	MITINU	LES.
	TMODERCED THEREACED WITH DESCRIPE									1.0	L2 HRS		
	Cenditions, If)	THIE CHICAGIN	LACIL	עזעדעדי .	LUESSI)ILE			42	כתח	
	gave rise to cause (a), si												
	underlying caus		SU	BARACHNOID B	HEMM	ORRHAG	E				42	HRS	
NO	PART II. OTHER S	SIGNIFICANT CONDITION		UTING TO DEATH BUT NO	TRELAT	ED TO THE T	RMINAL DI	SEASE	CONDITION GIVEN	N PART 1(a)	19.		TDPSY
CERTIFICATION	PROBAT	BLE CEREBRAL	ARTE	RIOSCLEROSIS	S						YES	PERFOR	ND A
TIF		WAS UNDERLYING DING CAUSE DF DEATH		DESCRIBE HOW INJURY		RED. (Enter	nature of 1	njury li	n Part I or Part I	of item 18	(.)		
	(IF EITHER, NO	TIFY MEDICAL EXAMINE	R)										
MEDICAL	20c. TIME DF	INJURY Month, Day, Ye	ar 2Dd. I	NJURY OCCURRED 2D	e. PLAC	E DF INJURY	(Home, fari	m, 20	f. (City or town)	(Co	unty)	(State)
EDI	Hour a.r		While at work		tactory	y, street, offi	ce blag., etc	.)					
Σ	D.1	y that XI) (this hospit			m 1	l JULY	10	66	to 14 JUIN	106	6 ah	at 1/8 4	un) lact
					الاستانان								
	22a. SIGNATU	ceased alive on 1	duli	19.00 , an	o that	death DCCU	rreu at 1	rth>iu	ritom the cause	5 and Dil t	ATE SIG	NED	annae.
	Mic	had 2	fres	dan	M.D.	ATTENDIN PHYS.	IG DI	ED.	R STAFF			Y 19	66
	22c. PHYSICIA		(1			22d. AD	DRESS		V	ASH.	D.C.	203	31
	NAME (T	MICHAEL I	. JORI	DON, CRRT, MC	.USA	F_USA	F HOSE	ATI	L ANDREWS			AFB	-
232	BURIAL CREW	MATION, 23b. DATE TH		23c. NAME OF CEN					LOCATION (City.				tate)
-31	REMOVAL (Spe	ecjfy) 7/1/	46						Sea	ttle		14/	sh.
24	FUNERAL DIRE	CTOR		ADDRESS		. 1	25a. REC'	DBYR	EGISTRAR 25b.	REGISTRAR	'S SIGN		
1	N.W. Cha	Mbers Co. IN	c 5	17-114 St.	35	-,			8 1966	01 - 100 P	May	Jud	ge
				Wash.	1		DATE JU	1	o lopo	15		1 6	/

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r death	funeral and and er death		1.	PLACE OF DEATH	George's			Branu an		2. USUAL RESIDEN a. STATE Maryla		b. COII				ilssion)
hours after	by the Pages 1 urs after			b. CITY OR TOW	N (if outside co	rporate limits	,	c. LENGTH OF STAY IN		c. CITY OR TOWN (I	f outside cor					town)
non	ы. 190			Chever		TUTION /if no	t In ho	8 days spital, give street addr	1000	d. STREET ADDRESS			16	10	IS RESII	DENICE
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Þ	comple ve car event,		E	(Type or print) SEX	6 00100 00 0	Myrtle		L	- 0	Best	DEATH	0 0.2	1	12	19 6	
executed within	and col			Female	6. COLOR OR R	WIDO	WED [NEVER MARRIED DIVORCED	8.	NOV. 51	9149	AGE (In years last birthday) 5 yrs.			Hours	Mln.
			10a dur	USUAL OCCUPATING most of work	ION (Give kind of ing life, even if	work done 1 retired)	Ob. KI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County & State,	or foreign countr	y) 12. CIT	IZEN OI JNTRY?	WHAT	
e t	physician n please val, and in		- 0		fumE_			SAME			RYLAN	0		1.5.	A	
ifica	g ph en l oval		13.	FATHER'S NAM	E / = . /	7700				14. MOTHER'S MAI						
cert	Then Then removal	100	15	WAS DECEASED	WED IN IL S ADM	ED EDPOEDS	1 16 6	SOCIAL SECURITY NO.	17	L U I	hA (SARP				
leath	atter mit	9	(Ye	s, no, or unkewn)	(If yes give war or	dates of service)		79-10-4527		Lula Best -	- mothe		15th /	lve.	Take	oma
that the death certificate be sician.	d by the ransit pe cremation				DEATH [Enter or ATH WAS CAUSE IMMEDIATE C	D BY:	per IIr	10 for (a), (b), and (c).]	P	Heart	- 7ni	Duro			AND DI	WEEN C
res that physicia	igned ial-tra rial, cr			754	3	DUE TO	0		0	11	1	5			1	
	bur			Conditions, If gave rise to		(b)	6	ugenis	Fa	& Nears	0- Ul	seere		10	n	
aw requirement	the b			cause (a), st	ating the	DUE TO	1 +	-0101	5	0701	7/	reat		0	11.	1
aw	has as prio		NC	underlying caus		(c)	TRIBUT	TING TO DEATH BUT NOT	DEI AT	ED TO THE TERMINAL	DISEASE CON	DITIONGIVENIA	I PAPT 1(a)	119.	VAS AUT	OPSY
or a		m	CATI	THE THE THE	indititi Tokitti ooti	1CT	Ы	AIN AC	. E J	TE	DISTASE OUN	DITIONGIVER	ti Alti Z(a)		ERFORM	ED?
SICIAN: 1	certificate ned for use t. of Health	0	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYIN	NG 1 20 F DEATH	0b. D	ESCRIBE HOW INJURY	DCCUR	RED. (Enter nature o	of Injury In Pa	art I or Part II	of Item 18.)	ILS	1 "	
PHYSICIA the hospi	this detach		MEDICAL (20c. TIME OF I	NJURY Month,	Day, Year 2	While	MOT MULLE —	PLAC	E OF INJURY (Home, f	farm, 20f.	(City or town)	(Coun	ty)	(St	ate)
d b	Afted be Sta	200	Σ	p.t			work	at work	JA	1000	10/23 4	11111	12-10/0/	Alla	L /1) /	A José
ATTENDI retained	Should should ith the			saw the dec	ceased alive or	nospital) at	tende / /	d the deceased from	that	death occurred at	2:05 m, m	om the causes	and on th	e date	t (I) (we stated a	
be Se	DIRECTOR	1		Ha	mu	080	100	ugar	M.D.		MED. DIRECTOR	STAFF PHYS.	Jul DA	TE SIGN	- 60	6
O HOSPITAL Page 4 may	or, i			22ck PHYSICIA NAME (T)	rpe) Sam	uel J.	N.	Sugar, M.D.		22d. ADDRESS 4637 Ea	stern	Ave., Wa	shingt	on,	D. 0	2.
TO HOS	TO FUN direct should	2	23a	BURIAL, CREM REMOVAL (Spe		ATE THEREOF	966	23c. NAME OF CEME	-	OR CREMATORY Natural	23d. LO	CATION (City, t	own or cour	ity)	(Sta	te)
		B	24.	FUNERAL DIRE	CTOR /	1	-/	ADDRESS	/		EC'D BY REGIS	20 14 24 2	EGISTRAR'S	-		. 1.3
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MARYLAND STATE DEPARTMENT OF TICALITY
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3

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70007		MED	ICAL EXAMINER	3 CERTIFICATE	OF DEF	AIII				
1. PLACE OF DEATH					E (Where dece	eosed lived, if institut		nce before	e odmissi	on)
o. COUNTY	1	rince (George MARYLAND	o. STATE New	Jerse	b. coul	NTY Ca	mden		/
b. CITY OR TOWN	If outside corporate limi	ts,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corpo	orote limits, write RU	RAL ond giv	re neores	t lown)	
	d give nearest tawn) Cheverly		DOA	Colli	ngswoo	d			67	-3
d. NAME OF HOSPI	TAL OR INSTITUTION (1 r	at in haspital, g	give street address)	d. STREET ADDRESS	пенио	· · · · · · · · · · · · · · · · · · ·		(e. IS RESII	DENCE
Prince	George Gene	ral Ho	snit.al	17	East	Stiles Av	е.,			NO D
3. NAME OF DECEASED		irst	Middle	Lost	4. DATE	Mont	th	Doy	Ye	ar
(Type or print)	Ma	sie	Jetter	Bieling	OF DEAT	H 7		9		66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER Months	1 YEAR Doys	Hours	R 24 HRS. Min.
F	M	WIDOWED	DIVORCED	L Mar., 1		O yrs.	oiiiis	5013	110013	Will.
10o. USUAL OCCUPATIO	N (Give kind of work done	10b, KI	ND OF BUSINESS OR	11. BIRTHPLACE (St		country)		ITIZEN OF		
during most of working	t.	Pvt	Ind.	New Jers			U.	OUNTRY?	A.	
13. FATHER'S NAME				14. MOTHER'S MAIDI		inger				
Julius Je				Caroline	tea	Tuger				
(Yes po or unknown)	ER IN U.S. ARMED FORCES	of service) 16.	SOCIAL SECURITY NO. 12 32 05 2378 Re	7. INFORMANT		Addre			200	11 0
, HO	none	1.9	2 05 2578 R	osarie J. W	ıggın	s (Siste	er) a	ame	as ;	4 2
	EATH (Enter only one co	use per line for	(o), (b), ond (c).)						ERVAL BET	
	TH WAS CAUSED BY: IMMEDIATE CAUSI	(o)	Heart failu	ıre				Min	SET AND D	JEAIN
420		10								
Conditions, if ony rise to immedia	te couse (a)		Arterioscl	erotic hear	t dise	ase		Ov	rer 5	yrs
stoting the unde		10								
lost.)	(c)						1		
S PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED T	TO THE TERMINAL DISEASE	CONDITION GI	VEN IN PART I(o)			WAS AUTO PERFORM	
NO EXTERNAL CO	Diabetes r		s-known over					YE	ES 🔲	NO 5
E 20o. EXTERNAL CA		20b. DE	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury	in Port I or P	ort II of item 1B.)				
				7 VS10						
20c. TIME OF INJ	URY Month, Doy, Yeor m.	20d. IN While		PLACE OF INJURY (Home, f foctory, street, office bldg., of		(City or town)	(Co	ounty)		(Stote)
p.	m, 19	ot work	ol work	,,						
			nains described above,], Inspec	tion 😿 , Inqu	Jiry 😿	and	in my	opinior
deoth resul	ted fram: Notur	ol couses -	Accident . S	uicide 🔲, Homici	de 🔲,	Undetermined m	onner [
ACTUAL	1/2	N	12		CAL EXAMINER			2	22. DATE	CICHED
SIGNATURE	1111	2/1	11/	M.D.	MEDICAL EXAM		-			SIGNED
EXAMINER'S NAME (Type)	/ John	Kehoe,	M.D., / R	liverda Address (St	DICAL EXAMINI reel, city, tow	n, or county)	1	-10-	-66	
230. BURIAL, CREMATI	1/		23c. NAME OF CEMETERY	OR CREMATORY	23d.	LOCATION (City or To	wn)	(County)	(S	tote)
Burial (Specify	7/13/6	66	Northwood	Cemetery	Phi	la.			Pa.	
24. FUNERAL DIRECTO			ADDRESS	2So. R	EC'D BY REGIS	1 2 1966 RE	GISTRAR	SIGNATUR	E 0	dge
F. Gasch'	s Sons	iyattsv	ille, Md.	DATE	JUL	1 % 1966	1		Dyn	7

FOR STATE HEALTH DEPT any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

es 1 and 2 with the State Department af any event within 72 hours after death. obd gun 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as buriol-transit permit. Heolth or its designated agent, prior to burial, cremation, or removal,

TO DEPUTY MESTCAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page

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. De la completa del completa del completa de la completa del la completa de la completa del la completa de la .D. ,SILLyalde, see M. ... TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciap and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
10302	CERTIFICATE OF DEATH	10294
PLACE OF DEATH	1 2 HISHAI DESIDENCE (Where decored lived if institution	n. Posidence hefere

1.	a. COUNTY	Н					2. USUAL RESIDE	NCE (Where decea			: Residence	e before a	dmission)
100	ai 000iiii	Prince Geo:	roes		MADVI	IND	a. STATE	rvl	har	b. CC	UNTY	C		
	b. CITY OR TOW	N (If outside corporat	e Ilmits.	c. LEN	MARYL/ GTH OF STAY I		c. CITY OR TOWN			rate limits,		CE Ge		
	WITTE KONAL	Cheverly	11)	6	davs		Com		hal-			11.	1	
_	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (If not I	n hospital o	vive street add	frace)	d. STREET ADDRES		belt			10	e. IS RES	SIDENCE
		Georges Ger				11 633/			T =	- 3 - 1163	1 10 1		ON A	FARM?
2	NAME OF			поэрт		- 1				el Hil				
3.	DECEASED (Type or print)		rst		Middle		Last	4.	DATE OF DEATH		nth	Day		
5	SEX		reder		Hale		Birdseye			AGE (In yea	uly	24	19	66 R 24 HRS.
0.		6. COLOR OR RACE					. DATE OF BIRTH		9.	last birthda	y) Months	Days	Hours	Min.
-	Male	White	WIDOW		DIVORCED		2 Nov. 1			53 yrs.				
10a duri	. USUAL OCCUPAT Ing most of work	ION (Give kind of work of ing life, even if retired	1)	INDUSTRY			11. BIRTHPLACE	(County	& State, o	r foreign cour	itry) 12.	COUNTRY	Y?	Т
	Retired		Vashi	ngton	Termi	nal	Of	nio				US	A	
13.	FATHER'S NAM	E Ca a III	73.4 1	THAT		7/1	14. MOTHER'S MA	IDEN	NAME					
		Claude H	Bird	lseye			Grace	e Wh	nitne	y				
		EVER IN U.S. ARMED FO		16. SOCIALS	SECURITY NO.	17.	INFORMANT		-	Add	ress			
(Ye	s, no, or unkown)	(If yes give war or dates of	f service)			Je	oel Birdse	ve	G	reenb	elt	Md.		
-							JUL DII UBU	30	43	TONTH		ww		
		DEATH [Enter only one	//	er line for (a	a), (b), and (c).	1	1 1	-		, (INTE	ERVAL BE	TWEEN
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE	(2)	Drona	y Thro	m 60	as left a	ulir	108 (deserve	lug,	A	7	
	420	1			(4 %		
	Conditions, If	any, which \	11	Missinge	Purkic	the	pulmenie	00	adio	vascul	al .	Qua	10	
	gave rise to	Immediate /	(b)			11	7 200000 (10							
	cause (a), st		TO			0								
Z	underlying caus		(c)											
음	PART II. OTHER S	SIGNIFICANTCONDITIO	NS CONTR	IBUTING TO	DEATH BUT NO	TRELA	TED TO THE TERMINA	LDISE	ASE COND	ITION GIVEN	IN PART 1(a) 19.	WAS AU	
S												YE		NO -
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING DOWN CAUSE OF DEATH	20b	. DESCRIBI	E HOW INJURY	OCCU	RRED. (Enter nature	of Inju	ury in Pari	t I or Part I	l of Item	18.)		
	(IF EITHER, NO	TIFY MEDICAL EXAMIN	IER)											
MEOICAL		INJURY Month, Day,	Year 200	I. INJURY O	CCURRED 20	e. PLAC	E OF INJURY (Home,	farm,	20f. (C	ity or town)	(0	County)	(State)
ᇟ	Hour a.r			lle Not	While	ractor	y, street, office bldg.	, etc.)	100					
Σ.	p.r				work	Λ.	01-	6	(1.	V. O.	14	6.6		
		y that (I) (this hosp	ital) atte	inded the d	deceased fro	m y	Wy 15,	19	, to	July.	, 19	66, tl		
34		ceased alive on		323	19 <u>66</u> , an	d that	death occurred at	b .(O CAA Mron	n the cause	es and on	the dat	e stated	above.
	22a. SIGNATUR	RE		1			A TYPE IN INC.				22b.,	DATE SI	GNED	, ,
	18	on C)	on	en	M.D.	ATTENDING PHYS.	MED	CTOR [STAFF PHYS.		-2	4-	66
	22c. PHYSICIA		D	1 11 -	D. 21		22d. ADDRESS	00.	ICT	NIT	Paul	1.76	> 11	2
	NAME (T)	DON DI		AME.	KON		3103 PE	KK	401	1.11	1) /4//	1161	1 /1/	U
23a.	BURIAL, CREM	ATION, 23b. DATE T					OR CREMATORY	1	23d. LOC	ATION (CIty	town or	county)	(8	tate)
	Bunial	ouly 2	7, 19	66 F	t Linco	oln	Cemetery		Colm	ar "ar	nor,	Md.		
24.					ADDRESS		25a. R	REC'D I	BY REGIST		REGISTRA		ATURE	- 1
-	F. Gas	sch's Sons	Нуа	ttsvi	lle, Mo	i.	DATE	1111	27	1986	Jaco	rees	Judg	R
							DATE	V -	No to	- 7	U		1_0	

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST	ALEY		10303	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH		0295
HEALTH	DEPT.		LACE OF DEATH		2. USUAL RESIDENCE (Where deceased live		
is to ge	p of	-	COUNTY Prince George's	MARYLAND	o. STATE Maryland	Prince (George's
delay is and 3 to A3. Page	eat		CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate lim		
y dela mand	er o		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale	DOA			11 . 1
2, 2 P	aft	-	NAME OF HOSPITAL OR INSTITUTION (If not in ho		Adelphi d. STREET ADDRESS		e. IS RESIDENCE
es 1, farm	e State Department of 72 haurs after death.		Leland Memorial Hosp		1706 Hanna Stree	et	ON A FARM? YES NO
	Stat 2 h		AME OF First	Middle	Last 4. DATE	Manth	Day Year
ter death, I Give Pages ang with far	the in 7		rype ar print) Richmond	Pearson	Blackmer, Jr. DEATH	7	24 1966
after death 8. Give Pag alang with	with the	S. :				(In years IF UNDER	1 YEAR IF UNDER 24 HRS.
18.	\(\frac{3}{5}\) \(\frac{5}{5}\)	-		DOWED DIVORCED	8-20-16 49	(In years IF UNDER birthday) Manths yrs. 11	Doys Haurs Min.
haurs Item 18 Office	and 2 event	10a	ISHAL OCCHPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (State or fareign country)	12. CIT	IZEN OF WHAT
24 h in Ite r's Of) d	duri	g mast of working life, even if retired) nalyst	Documentation, In	d. Tennessee	(0	USA
	pages lain any e	13.	FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME		ODIA
within Fencil	bd iii		Richmond P. Black	mer	Mary Weaver		
W Ex	File	15.	WAS DECEASED EVER IN H.S. ARMED FORCES?	T 16 SOCIAL SECHBITY NO T 17 1	INFORMANT 411 S. Gulfsti	ea Milres Tre	Saragota Fla
be executed within "pending" in Pending in Fermine	burial-transit permit. matian, ar remaval,	(Ye	na, ar unknawn) (If yes give war ar dates af service)	412-16-7421 Ma	rs. Thomasine H.B	lackmer-W	/ife-
d be exected to the control of the c	rem		1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (o), (b), and (c).)		4914	INTERVAL BETWEEN
	ansi		IMMEDIATE CAUSE (a)	Heart Failure			24 hours
shauld e ward o the Cl	a burial-tr		4200 DUE TO		77		unknown
sha e w th	uric		Conditions, if ony, which gove (b)	Arteriosclerotic	Heart Disease		UIIKHOWH
d to	9 9		stoting the underlying couse DUE TO				
fica fing rde	SO		(c)				
s certificate shauld e, writing the ward forwarded to the Cl	used as burial,	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(o)	19. WAS AUTOPSY PERFORMED?
	be u	ATIC					YES NO X
= -	ior 1	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I ar Part II of	item 18.)	
AL EXAMINER: execute the certifi r. Page 4 shauld far your files.	IRECTOR: Page 3 should designated agent, priar		CAUSE OF DEATH.				
	3 salent	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m.	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 20f. (City ary, street, office bldg., etc.)	ar town) (Cau	unty) (State)
XAI te t	age a	W	p.m. 19	at wark at wark			
MEDICAL EXA please execute director. Page retained for vol	R: F		21. I certify that I taak charge of the	he remains described abave, he		, Inquiry 🛣,	and in my apinian
dar.	CO ign		death resulted fram: Natoral caus	ses 💢 , Accident 🔲 , Suic		rmined manner	0.000
MEDICA lease ex director.	des		ACTUAL 1	1 /	CHIEF MEDICAL EXAMINER		AA DATE COURS
Y N	it D		SIGNATURE TO THE	in	M.D. ASSISTANT MEDICAL EXAMINER		22. DATE SIGNED 7-26-66
ary,	ER of 2		EXAMINER'S	Discussion Normal	DEPUTY MEDICAL EXAMINER		/-20-00
O DEPUTY necessary, the funeral s may be r	5 FUNERAL DIRECTOR: Page Health or its designated age		NAME (Type) John Kehoe M.D.	, miverdale, Mary			
the the	Q ±0	230	BURIAL, CRIMATION, PEMOVAL PROBLEM 23b. DATE THEREOF 7/27/1966	23c. NAME OF CEMETERY OR Cedar Hill C			(County) (State) Maryland
	- 2	01	emation 1/21/1900	Cedar Hill C.	rematory Frince	~	•

Bethesda, Maryland DATEJUL

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

HEALTH DEPT Poge 3 ta

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MEDICAL EXAMINER:

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10304 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Prince George's Prince George's MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly DOA Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 7626 Normandy Road YES NO X Prince George General Hospital 3. NAME DE Middle 4. DATE Month DECEASED OF Edward DEATH (Type or print) Bonnett S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours Dovs WIDOWED DIVORCED Male White 18 May 1939 1Do. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY U COUNTRY? New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Leona M. Parker Barnett E Bonnett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) Cheverly Hospital record Md. no none 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. ONSET AND DEATH Acute pulmonary edema IMMEDIATE CAUSE (o) Purulent empyema, right side, organism undetermined. Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? YES 3 NO. 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY CONTRIBUTING C CAUSE OF DEATH. 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While nt work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry 🔽 ond in my opinion deoth resulted from: Acadent Suicide . Homicide Undetermined monner Noturol couses X CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) John Kehbe, Riverdale, Md. 23o. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) Ft Lincoln Cemetery REMOVAL SPECIEV July 7, 1966 Colmar Manor, Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Gasch's Hyattsville, Md. **≱ons** 966

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

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1	0	3	0	M. W.

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		COUNTY Prince Georges		g. STATE Maryland	deceased lived, it instituti b. COUN		1
	-	b. CITY OR TOWN (If autside carparate limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside of	ramarata limits write DIIE	PAL and give pegre	(-E-ORFE
	ľ	write RURAL and give nearest tawn) Riverdale	C. LENOTH OF SIAT IN 15	Laurel	talparate lillins, write Kok	//c - /	si iowii)
	(. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, o	live street address)	d. STREET ADDRESS		14 - 1	e. IS RESIDENCE
3		Eugene Leland Memorial Ho	spital	1010 Harriso	on Drive		ON A FARM? YES NO D
		NAME OF First	Middle	Last 4. C	DATE () Mont	h Day	y Year
		DECEASED (Type or print) William	Nelson I		DEATH TO	ly 9	196-6
	S. S	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In/yeors	HUNDER 1 YEAR	IF UNDER 24 HRS.
	N	Masc. White WIDOWED	DIVORCED	10-13-92	7. Ade (rify years) 23 yrs.	Months Doys	Hours Min.
	10o. durii	ng most of working life; even if retired	ND OF BUSINESS OR DUSTRY	North Carol:		12. CITIZEN O COUNTRY	
4	13.	FATHER'S AME	1	14. MOTHER'S MAIDEN NAME			
		Bragassa, John	,	McGowan, Fl	Lorence		
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	SS 1010 N	gream the
	(16:	s, na, ar unknawn) (If yes give war ar dates af service)	n	he Harrey	Sachm	an &	anelm
		1B. CAUSE OF DEATH (Enter anly ane cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a), (b), and (c).) R PUL MOI	VALE 1	- Y W - 10 - 50		TERVAL BETWEEN USET AND DEATH
		5271 DUE TO					TEMPES
		Conditions, if any, which gave) (b) CH	RONIC PUL	-MONARY E	-MPHYS.	EMA OU	ERIOYR
		rise ta immediate couse (o), stating the underlying cause					
		last. (c)					
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19.	WAS AUTOPSY PERFORMED?
	AT10					Y	ES NO NO
9	CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I	or Port II of item 1B.)		
ě	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m. 19 While p.m. 19	Nat While fac	CE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f. (City or town)	(Caunty)	(Stote)
		21. I certify that (1) (this hospital) attend		. 19.6	7. to aJULY	1966.1	hat (1))(we) last
		saw the deceased affive an 8 Jul	-7 1966, and tha	it death accurred at 1/		and an the da	te stated above.
		220. SIGNATURE	5	ATTENDING AS MED.	STAFF -	22b. DATE SIGN	NED
,		Michael any	M. M.	D. PHYS. LA DIREC		9 JU	LY 66
		22c. PHYSICIAN'S J. RICHARI	COMPTON	22d. ADDRESS 612 M	AIN ST. L.	AUREZ,	MARKAD
	23a.	BURIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 2	3d. LOCATION (City or Tax	wn) (Caunty	(Stote)
	2	REMOVAL (Specify) 7-11-66	(Jakena)	od Clm	Kalein	4 11.0	sealing!
	24	FUNERA DIRECTOR	ADDRESS	2Sa. REC'D BY R	- 127	GISTRAR'S SIGNATU	
		ion or multing	MMMX W	DATE JUL	13 1966	factorles	10

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10306

CERTIFICATE OF DEATH

10298

0

1. PLACE OF DEATH o. COUNTY Pr	Ince Georges		MARYLA	AND	2. USUAL RESIDENCE (No. STATE irgin		d, if institution: Resi b. COUNTY	dence before	odmission)
b. CITY OR TOWN write RUPAL an	(If outside corporate limits of give nearest town) in Dale (Fur	(a1)	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	tside corporote limit	s, write RURAL ond	give neorest	town)
	TAL DR INSTITUTION (If no		give street oddress)		d. STREET ADDRESS	22.7		0	IS RESIDENCE ON A FARM?
Gler	nn Dale Hosp	ital			399 Sh	ell Rd.		Y	ES NO X
3. NAME OF DECEASED (Type or print)	Fir Jan		Middle		Branch	4. DATE OF DEATH	Month July	Doy 1,	Year 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8	8/1/1909	9. AGE	(In years IF UNI birthday) Month	DER I YEAR DOYS	Hours Min.
10o. USUAL OCCUPATIO during most of working Laboret	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County Selw			CITIZEN OF COUNTRY?	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
Allen I	Branch			1	Floren	ce Scott	11300		THEOLE
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes o		social security no. unknown		NFORMANT Decedent		Address		
Conditions, if on rise to immedio stoting the und- last.	te couse (o), erlying couse	(c) Bil. (b) Chr	ateral pulm	nopne	eumonia wit	h cavitie	s (Kleb-	ons y	RVAL BETWEEN ET AND DEATH CEEK
OR CONTRIBUTING	GOIFICANT CONDITIONS CO SCLETOSIS, S S: TENAL 11 AS UNDERLYING O GOICAUSE OF DEATH MEDICAL EXAMINER)	ontributing teneral thiasi 205. DE	TO DEATH BUT NOT RELATIVE S. arters. Scribe How INJURY OCC	TED TO	HE TERMINAL DISEASE CON Phrosclero	NOLITION GIVEN IN P. SIS; Chro	ART. I(o) pyelo) - 19. YE	WAS AUTOPSY PERFORMED? S X NO
Hour o.	JURY Month, Doy, Yeor m. 19	20d. II While of work	Not While		E OF INJURY (Home, form ry, street, office bldg., etc.)		or town)	(County)	(Stote)
	ify that ₹) (this has deceased alive an	pital) atten 7/1/	ded the deceased f	ram nd that	8/6/ , 1 death accurred at	19 <u>65</u> , ta		n the date	stated above
22o. SIGNATURE	Mre	M	en	M.D		DIRECTOR \square	STAFF PHYS.	7/1/6	
22c. PHYSICIAN NAME (Typ		lss, M.	D.		22d. ADDRESS G		Hospita Maryla		
236 BURIAL, OREMATI REMOVAL (Specif	ON, 23b. DATE THE 7-6-6		23c. NAME OF CEMET		orial Par		(City or Town) ICE GEOP 25b. REGISTRAR	(County)	
24. FUNERAL DIRECT	T. PR	11. 7	ADDRESS 3015-12	25	2So. REC'I	D BY REGISTRAR			E ()

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please, remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18—Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. pages 1 and 2 with the State Department in any event within 72 hours after death. File pand permit. F used as a burial-transit to burial, cremation, or 3 should be a agent, prior t TO FUNERAL DIRECTOR: Page of Health or its designated MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10307	М	EDICA	L EXAMINE		CERTIFICATI		DEATH	10	129	9		
1.	e. COUNTY					2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY							
_		ince George		MARYI		Maryland Prince George's							
-	write RURAL	N (If outside corporation and give nearest tow	te limits,	c. LENGTH DF STAY	IN 10	c. CITY DR TDWN (If	outside co	rporate limits, w	rite RUKAL	and giv	e neare:	st town)	
	Suitland			Hours		Silver H	ill		16	-	1		
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in	hospital, give street ac	Idress)	d. STREET ADDRESS				0	. IS RES		
	3311 Ter:	race Drive,	Apt.	В.		4200 Silve	r Hill	Road		Y	ES	FARM?	
3.	NAME OF DECEASED	FI	rst	Middle		Lest	4. DATE	Mont	:h	Day	Ye	ar	
	(Type or print)	Joseph		I.	Br	aunstein	OF DEAT	H 7		11	19	66	
5.	SEX	6. COLOR OR RACE	7. MARRII	ED T NEVER MARRIED	1	B. DATE OF BIRTH	9.	AGE (In years		1 YEAR		-	
-	ale	White	WIDOWE	THE STREET		12-7-1913		last birthday) 52 yrs.	Months	Days	Hours	Min.	
10	a. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b.	KIND OF BUSINESS DR		11. BIRTHPLACE (S	tete or fore	ign country)	12. CI	TIZEN	OF WHAT	r	
A(CTIVE DUT	Y ENLISTED	u)	US ARM	Y	RUSSIA				ONIKI	U	SA	
	. FATHER'S NAM	E				14. MDTHER'S MAID							
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1!	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 1	6. SOCIAL SECURITY NO	17.	INFORMANT		Addre	SS				
ļ , .	YES	(11 yes give was or dates o		30-05-3922	FRO	M MILITARY	RECORI	S					
-	18. CAUSE OF	DEATH [Enter only on	e cause pe	r Ilne for (a), (b), and (c).]					INTE	RVAL BE	TWEEN	
		EATH WAS CAUSED BY	: 11-	art failure						nini	ET AND	DEATH	
	442	IMMEDIATE CAUSE	/~/										
	175	DUE	то Ну	pertensive a	rter	riosclerotic	heart	disease		over	3 2	rs	
	Conditions, if		(b)							-			
	cause (a), st		TO										
	underlying caus		(c)										
8	PART II. OTHER S	SIGNIFICANT CONDITIO		BUTING TO DEATH BUT N	OT RELA	TED TO THE TERMINAL D	ISEASE CON	IDITION GIVEN IN	PART 1(a)	119.	WAS A	UTOPSY	
EA		115000								YE	PERFO	ND .	
513	20a. EXTERNAL	abetes - ov	rer 3	VIS. DESCRIBE HOW INJUR	V OCCII	DDED /Enter nature of	Intury in D	art I or Part II	of Itom 18		0 12	140 4	
CERTIFICATION	PRIMARY [] or CAUSE OF DEAT	CONTRIBUTING []	200.	DESCRIBE HOW INJUR		KKED. (Elitel liatale of	injusy in r	are i or role ii	or rem 10.				
AL	20c. TIME OF	INJURY Month, Day,	Year 20d	. INJURY OCCURRED 2		CE DF INJURY (Home, fa		(City or town)	(Cou	nty)	((State)	
EDICAL	Hour a.n		Whi	le Not While	facto	ry, street, office bldg., e	tc.)						

21. I certify that I took charge of the remains described above, held an Autopsy

CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER

Homicide

DEPUTY MEDICAL EXAMINER

Inspection X.

22. DATE SIGNED

and in my opinion

EXAMINER'S John Kehoe, M.D. Riverdale, Md. Address
a. BURIAL, CREMATION, 23b. DATE THEREOF 123C. NAME OF CEMETERY OR CREMATORY

Address (Street, city, town, or county)
REMATORY | 23d. LOCATION (CI

own, or county)

100ATION (City, town or county)

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Inquiry X,

Undetermined manner

4. FUNERAL DIRECTOR AMBERS COI

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ATE		1030	3	MED	ICAL EXAMINE	R'S CERTIFIC	CATE O	F DEATH		103	.00
EPT. ≅ -£i		PLACE OF DEATH D. COUNTY	ince George	15	MARYLAN	o. STATE		here deceased lived,	if institution: Res b. COUNTY Calver	sidence befar	e admissian)
hours ofter death.		. CITY OR TOWN (f outside carparate limit		c. LENGTH OF STAY IN IL			side carporate limits,			t town) -
ie.	-	Cheverl	give nearest town)		DOA	Ches	saneak	e Beach			14.2
			AL OR INSTITUTION (If no	at in hospital,	1 0-4	d. STREET A		o Bodon			e. IS RESIDENCE
1		Prince (George Gene	mal Ho	enital	Brees	zar Poi	nt Rd., B	or 630		ON A FARM?
	3	NAME OF		rst a.z. IIC	Middle.	Lost		4. DATE	Month	Dov	
		Type or print)	Johr		Wayne	Brown	,	OF DEATH	77	31	19 66
	S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED			9. AGE (In	yeors IFUN		IF UNDER 24 HRS.
		Male		WIDOWED	DIVORCED [<u>a</u>	. 1919	lost bir	thdoy) Monti	hs Doys	Hours Min.
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		FATHER'S NAME	yeu				'S MAIDEN N.				
		Unkno	1577					Jane Lak			
	15.		R IN U.S. ARMED FORCES?	I 16.	SOCIAL SECURITY NO.	17. INFORMANT	Simila	Jane Lak	Address		
	(Ye	s, no, or unknawn)	(If yes give wor or dotes o	of service)	JOHNE JECONIII III	Sadie	Danam	n Char	apeake	Danal	a Ma
		ID CAUSE OF DE	ATH (Enter anly one cau	so per line for	(a) (b) and (c))	Dadie	DIOW	II Ulles	apeans		ERVAL BETWEEN
			H WAS CAUSED BY:	01						QN:	SET AND DEATH
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		rise to immediat	e cause (a),		m laceration	of abdor	minal	Wall		mar	nutes
		stating the under	lying cause	(4)							
			SNIFICANT CONDITIONS C	ONTRIBITING	TO DEATH RUT NOT PELATER	TO THE TERMINAL	DISEASE CONF	DITION GIVEN IN PAR	[](a)	119	WAS AUTOPSY
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									PERFORMED?	
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					mains described abave			Inspection x,			in my opinion
		death result	ed fram, Norur	d causes	, ccident X,		Hamicide		ined manner		
		ACTUAL	111/	Ma	Mas		IEF MEDICAL E			2	22. DATE SIGNED
		SIGNATURE	Util	112	101	M.D.	PUTY MEDICAL	CAL EXAMINER			
2		EXAMINER'S NAME (Type)	ohn Kehoe,	M.D	Riverdale, M			city, town, ar county			8-1-66
	230	BURIAL CREMATIC	23b. DATE TH	EREOF	23c. NAME OF CEMETER	OR CREMATORY	10.1001/	23d. LOCATION (C		(Caunty)	
		REMOVAL (Specify	8-3-	66	St.Edmond			Sunderl	,	, ,,	ert Md.
	24	FUNERAL DIRECTO			ADDRESS	2 5 5 5 5 M		BY REGISTRAR	2Sb. REGISTRAF		
		PE.5	ewell	D-		1.3	DATE A				Judge
1		11		FT	ince Fred.	VICI -	DAIL	0 10	00	- TORY	1 mary

FOR STATE HEALTH DEPT. necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page arry delay is This certificate should be executed within 24 hours ofter death. If 5 moy be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. pleose execute the certificate, writing the ward TO DEPUTY MEDICAL EXAMINER:

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 14 MARYLAND CERTIFICATE OF-PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Prince Maryland Prince George's George's MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) days Seat Pleasant Cheverly 6 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ollins ON A FARM? Prince George's General Hospital Rolling Avenue NO X YES NAME OF First Middle Last 4. DATE Month Day Year DECEASED Christian (Type or print) Lillie Brown DEATH July 24 19 66 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR FUNDER 24HRS 7. MARRIED NEVER MARRIED last birthday) | Months | Min. Days Hours Female White WIDOWED X DIVORCED June 1873 93 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY? Housewife U.S.A Va. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Kenningham Beverly W. Jenkins Lucy C. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ollins (Yes, no, or unkown) (If yes give war or dates of service) NO Brown 5818 Rolling/Ave 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cornary insufficiency IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which ASHD (b) gave rise to immediate DUE TO cause (a), stating Generalized arteriosclerosis underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YESXIXK NO [20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. MEOI While Not While p.m. at work at work 19 66 that (I) (we) last 190 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 11:10. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED MED STAFF 7/25/66 XX PHYS. M.D. PHYS. DIRECTOR PHYSICIAN'S Peter Duus, M.D. Ave., Capitol Hgts, Md. NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 7/27/66 Bethel Cemetery Stafford County Va. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Wilhelm Funeral Home 4308 Suitland Rd. lianles 1966

Suitland Md. 20023

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Pages 1 MARYLAND b. CITY DR TOWN (if outside corporate limits, write RUFIAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b ve carbon papers. Pag event, within 72 hours hours = e. IS RESIDENCE filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? NO M executed within completely NAME OF Middle DATE Month Year 4. DECEASED DEATH 196 (Type or print) AGE Oh years MF UNDER 1 YEAR | IF UNDER 24 HRS. SEX 6. COLOR OR RACE DATE OF BIRTH 8. remove 7. MARRIED V NEVER MARRIED last birthday) Months Hours Days any and WIDOWED DIVORCED ne physician a then please re mover, and in a 10a. USUAL OCCUPATION (Give kind of work done | 20b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) death certificate 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME, Blanton Josie attendin 15. WAS DECEASED EVER IN U.S. AMED FORCES? (Yes. no, or unkown) | (If yes give war or dates of georice) 16. SOCIAL SECURITY NO. Address INFORMANT 0 (Yes, no, or unkown) gremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit or to burial, gremat OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TD Conditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the underlying cause last. FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as nould be filed with the State Dept. of Health prig (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? ND F YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work While p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 9 Jan Grond the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED SIGNATURE 22a. ATTENDING MED. DIRECTOR STAFF Page 4 may M.D. PHYS. PHYSICIAN'S 22d. **ADDRESS** 22c. director, p NAME (Type) 234. BURIAL CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23c. 23d. DATE THEREDE 2 REMOVAL (Specify) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE WNERAL DIRECTOR 25a. /25b. VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

b. CITY OR TDWN (if outside corporete limits, write RURAL and give nearest town) Cheverly a. STATE Maryland c. CITY DR TDWN (if outside corporete limits, write RURAL and give nearest town) Beltsville	s
	town)
CHEVELTY DELEGATITE	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DN A F	DENCE
	NO A
3. NAME OF First Middle Last 4. DATE Month Day Yea	r
(Type or print) Glenn Campbell DEATH July 5 196	6
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 1 YEA	
Male White WIDOWED DIVORCED 28 March 1965 yrs. 15 Hours	Min.
10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 1 12, CITIZEN OF WHAT	
during most of working life, even if retired) N/A N/A Prince Geo.Co., Maryland USA	
N/A N/A Prince Geo. Co., Maryland USA 13. FATHER'S NAME	
Donald Campbell Joyce Evelyn Ambrose	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Myes give war or dates of service)	
No N/A Mr. Donald Campbell, same as #2	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BE ONSET AND I	WEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute laryngotracheobronchitis (organism undetermined)	EATH
DUE ID	
Conditions, If any, which (b) (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFOR YES OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	TOPSY
YES	NO 🗌
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	tate)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 10. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Hour a.m.	,
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from 19 to 19 that (I) (v	e) last
saw the deceased alive on 2 - 4 1990, and that death occurred at . 55 AM, from the causes and on the date stated	above.
1 90h DATE CICNED	
22a. SIGNATURE M.D. ATTENDING MED. STAFF 7-5-C DIRECTOR PHYS. 7-5-C	6
22c. PHYSICIAN'S 22d. ADDRESS	X-
NAME (Type) Wolcott/L. Etienne M.D. 4713 Berwyn Rd. College Park, Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (St	ate)
BURIAL July 7,1966 White Chapel Gardens Cem. Hamilton, Ontario, Canada	,
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
	Lge.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
USION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
10306

7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	- 7/27/56 mh
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince SERENTERS Georges MARYLAND	a. STATE Maryland b. COUNTY ince Georges
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 31 days	District Heights /6 /
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
PrinceGeorges General Hospital	7605 Atwood St. Apt. 2 YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Clara A.	Cardoza DEATH July 17 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 1908 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS If UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
Female White WIDOWED Septe WORCED	2 Oct., 1/90/1/ 57 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Providence R.I. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christy P. Soiot	Mary Durate
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
W:	illiam B. Cardoza 7605 Atwood St. Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caccure or	rafoses 12 months
1551 DUE TO	
Conditions, if any, which (b) Car cen ome	er & Beliory Wach 12 month
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
Lena Shut down, . Cold	en Deles he Cordio Vaser VES NO
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
0	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour a.m. p,m. 19 While Not While facto	ny, street, office bridge, etc./
21. I certify that (I) (this hospital) attended the deceased from	6/16 1966 to 7/17 1966 that (II) (we) las
saw the deceased alive on 7/16 1966, and that	t death occurred \$1.50 MM from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
James C. Grendson M.C	
22c. PHYSIGIAN'S NAME (Type) James R. Goodson Mil	22d. ADDRESS 1746 KST N.W. WEST. D. C.
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 7/21/66 Mt. Olivet Ce	metery Washington D. C.
24. FUNERAL DIRECTOR ADDRESS 2	0023 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Wilhelm Funeral Home 4308 Suitland Rd. W	ash. DATEJUL 22 1966 Milarley Judge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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death. Pa may be retained by the hospital or attending physician.	> TO FUNES. DIRECTOR: After this certificate has been signed by the attending physician and compile	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and 2 should	Experience of the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.			
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/R	A	15	(4)			
18		9 1	19			

	10313	CERTIFICAT	E OF DEATH		10307
1	1. PLACE OF DEATH		2. USUAL RESIDENCE (Whar	e deceased lived, If institution	Residence before admission)
-	Vrince george	MARYLAND	md	01-	rince Jeorge
	b. CITY OR TOWN (if outside corporate limits, whe RURAL and give hearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	-1
-	Kiver dele	22 yra	Goer de	le on	X /(e-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, giva streat address	d. STREET ADDRESS	1th 1	IS RESIDENCE ON A FARM?
	Cugene deland /1	rem.	5600 27	· cene	YES NO Z
1	3. NAME OF DECEASED	Middle	Last 4. DAT	/	Day Yeer
-	5. SEX 6. COLOR OR RACE 7 MADE	SON LO	DATE OF BIRTH	9. AGE (In years IF UNDER 1	1966 YEAR IF UNDER 24 HRS.
	m / 11/	NED NEVER MAKNED	7-6-66	last birthday) Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY	11. SURTHPLACE (County & State	yrs.	IZEN OF WHAT COUNTRY?
	dane during most of working life, even if retired)	KIND OF BOSINESS OK HADOSIKI	(1)	- 22 /	715
4	13 FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Ind.	240
	Part last	10	() /	200 6	arcu atom
H	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. IN	FORMANT	Addrass	o o ingioni
	(Yes, no, or unkown) (If yes give wer or detes of service)		2400/ -	5600 SI	I'm Olive
=	18. CAUSE OF DEATH Enter only one cause pe	er line for (e), (b), end (c).	alner	00000	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Paramating			ONSET AND DEATH
	IMMEDIATE CAUSE (a) Q	one many	7		
	Conditions, if any, which \ (b)				
1	gave rise to immediate cause				
	(a), stefing the underlying cause last.				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PART	T 1(a) 19. WAS AUTOPSY PERFORMED?
	TA STATE				YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CO	PESCRIBE HOW INJURY OCCURED.	Enter nature of injury in Part I or P	ert II of item 18.)	
			E OF INJURY (Home, ferm, 2Df. y, street, office bldg., etc.)	(City or town) (Cou	unty) (State)
	p.m. 19 et w	vork et work		7	1
	21. I certify that (I) (this hospital) atte	anded the deceased from	7-4, 1964,	to	(
1	saw the deceased alive on	19.6.C., and that	death occured at	rom the causes and on	
	22e. SIGNATURE	1 <	ATTENDING MED.	STAFF	22b. DATE SIGNED
	D. St. quer	de M.D	PHYS. DIRECTOR	PHYS.	1/6/66
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY O	R CREMATORY 123d 1	LOCATION (City, lown or count	y) (Stete)
	REMOVAL (Specify)	Alakana Ma	ma Papie I	1115 CHUP	cu VA
-	24 PUNERAL DIRECTOR'S SIGNATURE DP	J. AADDRESS 0	25a. REC'D BY RE	GISTRAR 256. REGISTRAR'S	SIGNATURE
	Practice Files of the	sook Japle	Ruch Va DATE JUL 8	1966 Pclia	rley Judge
1-	June Junerey House	Jugar			0 0
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be ret by the haspital ar attending physician. TO FUNERA. CTOR: After this certificate has been signed by the attending physician and campletely fill.	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.
AL OR ATTENDING PHY	A CTOR: After this	nauld be detached far use rar priar to burial, crema
TO HOSPIT	TO FUNER	page 3 st the registr

						-		
1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (WH	here deceased	lived. If institution	on: Residence b	efore admiss	ion)
Pribe	e Beorge	MARYLAND	Maryland		Prin			
b. CITY OR TOWN (III RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corpora	ote limits, write RI	URAL and give	nearest lawn	•)
	leights	50yrs.	Cedar He	eights		1	6-1	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS			-11	e. IS RES	IDENCE
Prince	George Hospi	tal	6412 Kolt	St.,			YES	PARM?
3. NAME OF DECEASED (Type or print)	Richard	Middle	Carter	4. DATE OF DEATH	7-	th	73-	Yeor 66
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years	IF UNDER 1 YE		
Male	Coloredwipow		6-18-1882		last by that yes.	Months Doy	ys Hours	Min.
100. USUAL OCCUPATION during most of work		KIND OF BUSINESS OR INDU	Marylar Marylar	ar fareign cou 1d	intry)		OF WHAT	COUNTRY
13. FATHER'S NAME		3	14. MOTHER'S MAIDEN N	NAME				
	John Carter		Milinda	Dusen	berry			
15. WAS DECEASED EVER		. SOCIAL SECURITY NO. 17. I	NFORMANT		Addr	ress		
No		212547088#	Mrs. Beatr	ice Ly	rnc h S	ame as	g gb	
	TH [Enter only one couse per I TH WAS CAUSED BY:	ine for (o) (b), and (c).]		1			NTERVAL BE	
I ART I. DEA	IMMEDIATE CAUSE (a)	low	many 6	med	askeed		2	24
4301	DUE TO							
Conditions, if a	(D)							
gove rise to in								
lying couse lost.	(c)							
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(o	19. WAS A	AUTOPSY
3	25	white	5 V-H-II					NO E
THE EITHER, NOTIFY	S UNDERLYING (1) 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port I	II of item 18.)			
			ACE OF INJURY (Home, form	20f. (City o	or town)	(Coun	ity)	(State)
Hour o.m.	19 While of wo	rk of work	liory, sireer, dirice bidg., etc.	"	,			
	at I attended the decea	sed from 5/1	196A to	1/4	3/106	that I last	saw the	decease
olive on		3 pm /	occurred at 7:	KA from				
Olive Oli	12	S)		/	one couses o			ed abave
ACTUAL SIGNATURE	Jen Jen	Adva:	и р	,511	, , , , , , , , , , , , , , , , , , , ,			
		1	M.V		***			
PHYSICIAN'S NAME (Type)		JOHN F	= COLI	-IH'	M, S	3		
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATIO	ON (City, town, o	er county)	(Stote	e)
Burial	7-16-66	Harmony Mer	morial Park	Land	over, N	ld.		
23. FUNERAL DIRECTOR	5 SIGNATURE	ADDRESS	24a. REC'	D BY REGISTR	1000	TRAR'S SIGNA	JURE ()	100
Kolly	rs TAI	4339 Hunt Pl	N.E. DATE	INT TO	1966	It was	es jus	7

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HEALTH DEPARTMENT OF HEALTH-BALTH NAME OF THE OWNER OF THE PROPERTY OF THE PROPE make the one of transports to the spinothyllrams HE DON'T AND THE LIBERT CANDING

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10317	CERTIFIC	ATE OF DEATH	10309
	PLACE OF DEATH o. COUNTY PR. GEO	ecc's marylan	2. USUAL RESIDENCE (Where deceased lived, if institution: Re a. STATE MARYLAND b. COUNTY	sidence befare admission) PR. GEORGE 1
	b. CITY OR TOWN (If outside carparate limit write RURAL and give nearest town)	26 DAY.	S E. RIVERDALE	16-1
(d. NAME OF HOSPITAL OR INSTITUTION (If n	4 URIAL HOSPITA	d. STREET ADDRESS FIRST STRE	e. IS RESIDENCE ON A FARM? YES NO V
[NAME OF DECEASED (Type ar print)	irst Middle A	CARTMELL 4. DATE Month OF DEATH JULY	16 19 66
S. 5	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	2 - 17 · 1882 last birthday) Man	
duri	. USUAL OCCUPATION (Give kind af wark dane ing mast of warking life, even if retired) + Ho M EMAKET	10b. KIND OF BUSINESS OR INDUSTRY	KENTUCKY	2. CITIZEN OF WHAT COUNTRY? U.SA.
13.	FATHER'S NAME RUBER	RT WEBB	14. MOTHER'S MAIDEN NAME	
	WAS DECEASED EVER IN U.S. ARMED FORCES? ss, na, ar unknawn) (If yes give war ar dates		17. INFORMANT Address MRS JEAN ROSS, DAUCHTER	ABOVE
	1B. CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	CERFRRAL	1 INSUFFICIENCY	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause	(b) GEN. AR	TERIOSCLEROSIS	UNKNOWN
NOIL	PART II. OTHER SIGNIFICANT CONDITIONS	(c) CONTRIBUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter nature af injury in Part I ar Part II af item 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	While at wark at wark	De. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	(Caunty) (State)
	21. I certify that (1) (this has saw the deceased alive on-	spital) attended the deceased fra	d that death accurred at 940 P.M., fram causes and a	19 <u>66</u> , that (I) (we) las an the date stated above
	22a. SIGNATURE	unann	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	16 JULY 66
	22c. PHYSICIAN'S NAME (Type)	HOUMANN	RIVERDALE	MD.
K	1. BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) 7/9	166 It Lu	nooln Cemetery Colman ma	noy (State)
24	FUNERAL DIRECTOR	ONS. HVALLSH	DANUL 19 1968 256 CESTRA	R'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours affer death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or ottending physician.

THE CHARLEST THE WILLIAM PARTY OF THE PROPERTY -1113113 CONTRACTOR OF THE STATE OF THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1031	3		CERTIFIC	ATE OF	DEATH				103	11
1. PLACE OF DEATH o. COUNTY Pr	ince George		MARYLAN	o. S1	AL RESIDENCE (W ATE Mary]		b. CQ1			
b. CITY OR TOWN write RURAL or Chev	(If outside corporate limit id give neorest tawn) PLV	s,	c. LENGTH OF STAY IN 1		or town (If out Hyattsvi		e limits, write RI	JRAL ond giv	re neorest t	own)
	TAL OR INSTITUTION (If no George Gen				er address 16 56th	Place				IS RESIDENC ON A FARM: S NO
3. NAME OF DECEASED (Type or print)	Fi Mart	rst ha	Middle	Ca	Lost Se	4. DATE OF DEATH	Mor 7	nth	Doy 31	Year 19 66
s. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED [DIVORCED [F BIRTH 25, 1		AGE (In years lost birthdoy) 70 yrs.	IF UNDER Months		Hours N
100. USUAL OCCUPATION during most of working	N (Give kind of work done lite, even if retired)	10b. KII	ND OF BUSINESS OR	II. BIR Kai	THPLACE (County 8	Stote, or fore	ign country)	12. CI	TIZEN OF V	VHAT
	Alfred Vede				THER'S MAIDEN N Emily	-				
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16 %	ocial security no.	Marguer Arguer	rite V	De Loi	ng S C	hever	ly,	Md.
Conditions, if on rise to immedia stoting the und last.	y, which gove te couse (o), erlying couse	TO (b) <u>Arte</u> TO (c)	rt failure erioscleroti				IN PART 1(o)		19. W	yas autopsy
20o. ACCIDENT W OR CONTRIBUTIN	iabetes mel as underlying [] g [] (ause of Death g Medical examiner)	litus 20b. DE	- over 5	VPS. RRED. (Enter not	ure of injury in P	ort I or Port	II of item 1B.)			ERFORMED?
Hour o	JURY Month, Doy, Yeor .m. 19	20d. IN While ot work			JRY (Home, form, office bldg., etc.)	20f.	(City or town)	((c	ounty)	(Stote
	deceased alive an	spital) attend		d that death M.D. ATTE	accurred at a	MED. DIRECTOR	7-31 Fram causes STAFF PHYS.	22b. [66, tha the date DATE SIGNED	
NAME (Typ	John Keh	EREOF	23c. NAME OF CEMETER	63 Y OR-CREMATOR	00 Rive	23d. LQC	Rd., Ri		(County)	(Stote
Burial 24. FUNERAL DIRECT	1		Topeka of ADDRESS attsville,		2So. REC'D	BY REGISTRA	AR 25b. F	REGISTRAR'S		Judge

Page 4 may be retained by the hospital or ortenaing pnysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending bytysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death sectificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10319	CERTIFICATE	OF DEATH	I II DATE OF STREET	10312
	1. PLACE OF DEATH			deceased lived, if institution: Re	esidence before admission)
	O. COUNTY PRINCE (SED	REES MARYLAND	O. STATEMARYL	AUD b. COUNTY	RINKE (77)
	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co	arparate limits, write RURAL an	d give nearest tawn)
	Write RURAL and give nearest (6wg)	5 100	#3 Belain	Estates	11-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	aspital, give street address)	d. STREET ADDRESS	/	e. IS RESIDENCE
	MAGNOLIA CTARDER	US NURSINE DOM	12428 JA	HADOW LA	YES NO N
	3. NAME OF First DECEASED	Middle	Last 4. D.	E	Day Year
	(Type ar print)	D THINKY YOLE	H HSEY DI	EATH JULY	10, 1966
			B. DATE OF BIRTH	9. AGE (In years IF UI last birthday) Man	NDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
		DOWED DIVORCED	12-8-1900	5 7 yrs.	
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if rentled)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote	, or foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	FEED 2 GRACK	VIAMFORD	CONN	0,5
	13. FATHER'S NAME	O' ac	14. MOTHER'S MAIDEN NAME	D	
	1 1CHARD TENRY	CASEY	HELEN	VE17	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of seryic		NFORMANT	Address	SAME AS#2
	YES 1941-1945	1019-16-01120	ruste	allov	(
	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (a), (b), and (c).)		1	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Trouch age	me Care	mond,	2 All O
	1621 DUE TO	re allt	Pina-	3 3 4 4 5 6	Jines.
	Conditions, if ony, which gave) (b)	79			
9	stating the underlying cause DUE 10	U			
	last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
0	САТІС				YES NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I o	or Port II af item 1B.)	
0	20c. TIME OF INJURY Manth, Day, Year Hour o.m.		()	20f. (City or town)	(County) (Stote)
	p.m. 19	While of wark foctor	ory, street, office bldg., etc.)	100	11
3	21. I certify that (I) (this haspital)			0, to 2001/0,	19 66 that (1) (we) last
	saw the deceased alive on	re 30 19 06 and that	t death occurred at	Am from couses and	an the date stated above.
	220. SIGNATURE	Kana X	ATTENDING MED.	STAFF 22	26. DATE SIGNED
	Child of	accept M.	D. PHYS. DIRECT	OR PHYS.	1-10-66
	22c. PHYSICIANS NAME (Type)	R. L. To	22d. ADDRESS	COPTAIN	R 1h
	700	THE EX VI	1,02/ 11/	LLSTREAM	120WIEND
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		d. LOCATION (City or Town)	(County) (State)
	BURIAL WLY 13 /	966 MT. OLIVET	CRM U	UNSHINGTON	
	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY RE		, , ,
	W.W. CHAMBERS CO 1	RIVERDALE M	D DATE JUL	14 1966 200	early Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

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	I bear to entire early in	A STATE OF THE STA
the factoring the control of		THE RESERVE OF THE PARTY OF THE

FOR STATE-HEALTH DEPT.

amy delay is

This certificate should be executed within 24 hours ofter death. If

O DEPUTY MEDICAL EXAMINER:

10320

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office, along with form PM3. Page id 2. Ith the Stote Deportment of ent within 72 hours ofter deoth. Heolth or its designoted agent, prior to burial, cremotion, or removal, and in any event 5 moy be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

MARYLAND STATE DEPARTMENT OF HEALTH

RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
THEM 24 Film G378 712/66 mh
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Division of STATISTICAL RESEARCH

10313

1. PLACE OF DEATH						osed lived, if instit	tution: Residence	e before odmission)
o. COUNTYrince G	eorge 's	MAR	RYLAND 0.	Maryla	and	b. CO	Prince	George's
b. CITY OR TOWN (If autsid	de carparate limits.	c. LENGTH OF STAY				rote limits, write F	RURAL ond give	neorest town)
write RURAL ond give in Hyattsv	ille	8 month	s	Adelph	ni			16-1
d. NAME OF HOSPITAL OR	INSTITUTION (If not in hos	pitol, give street oddress)	d. S	REET ADDRESS				e. IS RESIDENCE ON A FARM?
Hyattwv	ille Nursin	g Home		1801	Keokee	Street		YES NO
3. NAME OF	First	Middle		Lost	4. DATE	Mo	onth	Doy Year
(Type or print)	Helen	Maud	е	Child\s	OF DEATH	н ј	July	3 19 66
S SEX 6. CO	LOR OR RACE 7. MAI	RRIED NEVER MARRIE	D B. DAT	OF BIRTH		9. AGE (In years	IF UNDER 1 Months	
female w	hite WIDO	OWED DIVORCI	D w Jul	y 19, 1	906	lost birthdoy) 59 yrs.	months	Doys Haurs Mi
10o. USUAL OCCUPATION (Give I		10b. KIND OF BUSINESS OR	11.	BIRTHPLACE (St	ote or foreign	country)	12. CITI	ZEN OF WHAT
during most of working life, eve Nurse's Ai	de	INDUSTRY	1	Benton	County	Arkans	as	U.S.
13. FATHER'S NAME				AOTHER'S MAID				
W. R. Shan	e					DXX	•	
15. WAS DECEASED EVER IN U.S	ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORM	IANT		Add	dress	
(Yes, no, or unknown) (If yes	give wor or dotes of service	1,46-30-7741						
I 18. CAUSE OF DEATH (E	nter only one cause per l							INTERVAL BETWEEN
PART I. DEATH WAS		W-to-both						ONSET AND OEATH
170x	MMEDIATE CAUSE (0) DUE TO	Metastatic	carcinon	E.				1 year
Conditions, if ony, which		Carcinoma o	f breast					2 years
rise to immediate cous	e (o), (OGI CITOME C	1 010000					- U
stoting the underlying lost.	(c)							
PART II OTHER SIGNIFICA		TING TO DEATH BUT NOT RE	TATED TO THE TER	MINAL DISEASE	CONDITION GIV	/FN IN PART 1(o)		19. WAS AUTOPSY
CATION								PERFORMED? YES NO
200. EXTERNAL CAUSE WA PRIMARY Or CONTRIBU	IS TING □	Ob. DESCRIBE HOW INJURY (OCCURRED. (Enter i	oture of injury	in Port I or Po	art II of item 1B.)		
20c. TIME OF INJURY Mc	onth, Doy, Yeor	20d. INJURY OCCURRED	20e. PLACE OF 1	NJURY (Hame, f	form, 20f.	(City ar town)	(Cour	nty) (State
p.m.		While Not While of work	toctory, stre	et, office bldg.,	etc.)			
21. I certify that		e remains described a	bave, held an	Autopsy	1. Inspect	tian XX, In	quiry 🗓,	and in my apin
death resulted fro		es 🔀 , Accident 🗌], Suicide [], Hamici	-	Indetermined		
ACTUAL	1	106			VEDICAL EXAMI	NED C		22. DATE SIGN
SIGNATURE	from 1	117	M.D.		NEUICAL EXAMI DICAL EXAMINE			7-4-66
EXAMINER'S NAME (Type)	hn Kehoe, M	I.D.			rd ait, cown			1
23g. BURIAL CREMATION.	236. DATE THEREOF	, 23c NAMIR OF CIV	ALEBA UB COEMY.		- 11 +	OCATION (City of	Town)	County (Stote)
REMOVAL (Specify)	July 6-19	166 It In	ucolu	/	Sla	decerbe	erg &	Leo The
24. FUNERAL DIRECTOR	0.3	ADDRESS'			EC'D BY REGIST		REGISTRAR'S SIG	NATURE
Walters Fu	neral Home	,254 Carrol Was	Ave. N	DATE	JUL 7	1966	Julia	rles Judge

VR A15ME (5) 6M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY Prince George's	MARYLAND	a. STATE Ma	CE (Where decease	d lived, If Ins b. COUN		nce (
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		te limits, wr	te RURAL a	and give	nearest	town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address	d. STREET ADDRESS				e. I	S RESID	ENCE
	Prince George's Genera	al Hospital	1205	48th Aver	iue			ON A FAI	
3.	NAME OF First DECEASED (Type or print) Benjamin	Middle C.	Last Clark	4. DATE OF DEATH	July		Day 8	Year 19 60	
5.	Male 6. COLOR OR RACE 7. MARRIED 7. MA		8. DATE OF BIRTH 2/5/80	9. AG	E (In years to birthday)	IF UNDER 1 Months 1		UNDER 2	MIn.
10: du	a. USUAL OCCUPATION (Give kind of work done lob. King most of working life, even if retired) little tred carpenter	IND OF BUSINESS OR SPUSTRY Buildings	Md.	County & State, or f		CO	JIZEN OF JUNTRY?		
13	. FATHER'S NAME Levin Clark		14. MOTHER'S MAI	ences Ba	rnes				
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addres	S			
[es, no, or unkown) (If yes give war or dates of service) 21	6 07 6971A	Catherine	M Cloman	Hills	ide,	Md.		
	4201	yocardial Infa				n = 11		AL BETV AND DE	
CATION	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Malnutrition & Dehydration							AS AUTO	
CERTIF	20a. ACCIDENT WAS UNDERLYING 20b. I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	of Injury in Part I	or Part II o	f Item 18.)			
MEDICAL CERTIFICATION	Hour a.m. While p.m. 19 at work	Not While at work	ACE OF INJURY (Home, f ory, street, office bldg.,	etc.)		(Cour			ate)
	21. I certify that (I) (this hospital) attends saw the deceased alive on July 8 22a. SIGNATURE	liale, and the	at death occurred at. D. ATTENDING D. PHYS.	-	the causes	and on th	TE SIGN	stated a) last above.
	PHYSICIAN'S NAME (Type) Ohannes Sahaky	an, M.D.	5813 Lat	ndover Rd	., Che	verly	, Md		
	BURIAL CREMATION, 23b. DATE THEREOF BURIAL (Specify) July 12, 196		Cemetery	23d. LOCAT Blad	ensbur	g. Mo	1.	(Stat	te)
24	Funeral Director ons Hyatta	sville, Md.	25a. RE	UL 12 1	956 β	Clay	les &	udge	L

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Prince Garante					Prince Today	
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The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARCHAND STATE DEPARTMENT OF HEALTH

1032 2	CERTIFICA	TE OF DEAT	H	1.0	1315
1. PLACE OF DEATH a. COUNTY PRINCE GEORGE	MARYLAND	e. STATE MARY	CE (Where decessed lived, If LAND b. COUN		
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) LaureL,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, write RURAL	RURAL and gi	ve neerest town)
9041 Contee Rd.	spitel, give street eddress)	d. STREET ADDRESS Box 226-B,	Rt.#1,		IS RESIDENCE ON A FARM YES NOON
3. NAME OF First DECEASED (Type or print) JEAN ANN	Middle C/6	emente	4. DATE Month OF DEATH July	20,	19 66
5. SEX 6. COLOR OR RACE 7. MARRI Female Caucasian WIDOW	ED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH October 25,19	12 9. AGE (In yeers last birthday) 53 yrs.	Months Day	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWITE	KIND OF BUSINESS OR INDUST	New York	ty & State, or foreign country)	12. CITIZER	OF WHAT COUNTRY
13. FATHER'S NAME (Deceased)H	ollemore	Unknown	NAME		
(Yes, no, or unkown) (If yesgive werordetes of service)	unknown Mr.	informant Joseph R. Cl	Address emente, Rt.1, Bo		Laurel, Md
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause (e), stating the underlying DUE TO	1	coma			ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO				'EN IN PART 1(e	19. WAS AUTOPSY PERFORMED? YES NO
	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Pert II of Item 18.)		
ZOc. TIME OF INJURY Month, Dey, Year 20d. Whith Hour e.m. Whith p.m. 19	le Not While fee	ACE OF INJURY (Home, farm story, streat, office bldg., atc.		(County)	(Stete)
21. I certify that (I) (this hospital) attentions the saw the secessed alive on	nded the deceased from				
22e. SKNATURE 22e. PHYSICIAN'S	emply "		MED. STAFF DIRECTOR PHYS.		22b. DATE SIGNE
NAME (Type) FRANK L. WEAVE		320 Montg	omery St., Laur		
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(State)

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)
BUTIAL July 22.19 July 22, 1966 Mt. Zion Cemetery. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Harold S. Wade, 550 Wash. Blvd., Laurel, Maryland

16. Fulton, Laurel, Maryland
REC'O BY REGISTRAR 256. REGISTRAR'S SIGNATURE
JUL 29 1966 fluorles for Charles Judge

1.100 E Tagina (July as the to the op BHIS STORY ES CHESTO Language and the control of the cont the course, if we introduced the second second to

the second figure, and the second for the second se

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10323

HEALTH

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld he farwarded to this task of the farmarded to the child the

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

P.M.3. Page

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10316

	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE a. STATE	(Where d		stitution: Resider	nce before odmi	ssion)
	Pri	nce George	S	MARYLA		Maryland		P	rince G		
	b. CITY OR TOWN (If outside corporate limi d give nearest town)	ts,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If o	outside co	rporote limits, writ	te RURAL ond giv	ve neorest lown)
	Riverda			DOA		Silver	Hill			16-1	
	d. NAME OF HOSPIT	TAL OR INSTITUTION (IF r	not in hospital,	give street oddress)		d. STREET ADDRESS	A.A. Marie Control			e. IS RE	SIDENCE FARM?
	Chamber	's Funeral	Home			3001 Bran	ch A	ve. Apt	232	YES	NO X
	NAME OF	F	irst	Middle		Lost	4. DA		Month	Doy	Year
	DECEASED (Type or print)	Willia	m	Louis		Coffer	OF	ATH	7	13	9 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In year		Days Hour	DER 24 HRS.
1	Male	White	WIDOWED	DIVORCED	Ŏ	6-24-1911			rs. Mollins	Days Hour	rs Min.
		N (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Stot	e or forei	gn country)		ITIZEN OF WHAT	
aur	Electi	life, even if retired)	U.	S. Goyt		Kentuc	kv			U. S.	
13.	FATHER'S NAME	Luan				14. MOTHER'S MAIDEN				0. 0,	
	John (Correr				Ethel 1	Lync	h			
15.	WAS DECEASED EVE	RINII S ARMED FORCES	? 16.	SOCIAL SECURITY NO.	17.	NFORMANT			Address		
(16	es, no, or unknown)	(If yes give wor or dotes	of service)		P	th Funer	97 F	Tome D	uducah	Kv	
		EATH (Enter only one co	use per line for	(a) (b) and (c))	1 211	Joil Editor	ELT	omo, 1	AU AUGETT	INTERVAL	BETWEEN
		THE WAS CALLEST DV								ONSET AND	
	541	IMMEDIATE CAUSE	E TO	<i>V</i>						hours	
	Conditions, if ony					Lin Co. n. C. n.	50.			1-	
	rise to immediat	re couse (o),	(b) P. PO (f)	rupture of	_ al	lodena Lulc	er			days	
	stoting the unde	rlying couse	(c)								
		GNIFICANT CONDITIONS		TO DEATH BUT NOT RELAT	ED TO	HE TERMINAL DISEASE (C	ONDITION	GIVEN IN PART 1/	0)	19. WAS A	ITOPSY
NO	TAKT II. OTHER SI	OHITICALLI CONDITIONS	CONTRIDUTINO	DO DEATH DOT NOT KEEN		THE TERMINAL DISEASE CO	ONDITION	OTTEN IN TAKE I	0)	PERFOR	KWEDS
ICAT	20a. EXTERNAL CA	ALICE WAS	T 001 DE	COIDE HOW INHIBY OCC	IDDED	(Fax. a.s. a.f.)	D 1 1	B till file at		YES X	NO
ERT	PRIMARY - or CO		20b. DE	SCRIBE HOW INJURY OCCI	UKKED.	tenter noture of injury in	n Port I o	Port II of item 1	5.)		
AL C	CAUSE OF DEATH.										
MEDICAL CERTIFICATION	20c. TIME OF INJ Hour a.i		While			CE OF INJURY (Home, far ory, street, office bldg., etc		Of. (City or tow	n) (Co	ounty)	(Stote)
2	р.	m. 19	OI WOII								
				noins described aba			, Insp	ectian 🔀,	Inquiry 🗶 ,	ond in m	y opinian
	death resul	ted from: Natur	al couses X	Accident ,	Suic	ide 🔲, Homicid	e 🔲,	Undetermine	d manner [
	ACTUAL		D A			CHIEF MEDICA	L EXAMIN	ER			
	SIGNATURE	40	20/	war		M.D. ASSISTANT ME				22. DA	TE SIGNED
	EXAMINER'S NAME (Type)	John Kehoe	, M.D.	Riverdale,	Md	 DEPUTY MEDI Address (Street 		own, or county)		7-12	2-66
230	BURIAL, CREMATIC		HEREOF	23c. NAME OF CEMETE	RY OR	CREMATORY	230	LOCATION (City	or Town)	(County)	(Stote)
	REMOVAL (Specify Burial	7-15-	66	Maplelav	in (Temeterv	N	IcCrack	en Coir	ntar V	32
24	I. FUNERAL DIRECTO	IR V		ADDRESS		2So. REC	D BY RE	GISTRAR 25	b. REGISTRAR'S	SIGNATURE	y
	W. W. (Chambers	CO. Ri	verdale,	Md.	DATE	JUL	18 1966) file	well for	7

VR A15ME (5) 6M 1/66

CONTROL OF THE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10324	P	TA	CERTIFICA	TE OF DEAT	H	10	311	
1.	PLACE OF DEAT a. COUNTY PY	H rince George	e's	MARYLAND	2. USUAL RESIDEN	ICE (Where deceased lived, yland b.	If institution: R. COUNTY Pri	esidence before a	dmission)
	b. CITY OR TOW write RURAL Cr	VN (if outside corporat and give nearest tow neverly	e limits, n)	c. LENGTH OF STAY IN 18 4-1/2 hrs.	c. CITY DR TOWN (I	f outside corporate ilm easant	Its, write RURAL	- /	
				spital, give street addres eral Hospital		oth St.		e. IS RES	SIDENCE FARM? NO
	NAME OF DECEASED (Type or print)	Wil	rst .liam	Middle	Last Collier		Month uly	2 19	ear 66
5.	Male Male	6. COLOR OR RACE White	7. MARRIED [WIDOWED [NEVER MARRIED DIVORCED	8. DATE OF BIRTH 8/29/15	50 last birt	yrs.	Days Hours	Min.
dur	Contrac		d) I IN	ND OF BUSINESS OR DUSTRY .lding	Virgin		C	ITIZEN OF WHA DUNTRY? JSA	T
		liam J. Co.				0 Shiflet			
15 (Ye	es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. S f service) 212		Evangeline		Address Seat Pl	easant	Md.
Z	Conditions, If gave rise to cause (a), sunderlying cau	any, which immediate stating the see last.	(a) TO (b) TO (c) CO	yound onony	religited in the com	love;	of shed	ONSET AND	UTOPSY
CERTIFICATION	20a. ACCIDENT	SIGNIFICANT CONDITION WAS UNDERLYING TO CAUSE OF DEADTIFY MEDICAL EXAMI	1 20b. D	ESCRIBE HOW INJURY OF	faile	DISEASE CONDITION GIV Of Injury In Part I or Pa	S.L.	YES _	RMED?
MEDICAL	Hour a.	INJURY Month, Day, m. 19	Year 2Dd. IN While at work	Not While ra	PLACE OF INJURY (Home, ctory, street, office bldg.,	farm, 20f. (City or to	own) (Col	unty)	(State)
Α	21. I certi	offy that (I) (this host aceased alive on E	oitall attende	d the deceased from 1966, and to	M.D. ATTENDING PHYS. 22d. ADDRESS 3503	MED. STAFF PHYS.	auses and on the same of the s	ATE SIGNED 1 2, 1	d above. 9 G6 MO
232	Burial (Sp	July 5			ERY OR CREMATORY Ln Cemetery 1 25a. R		city, town or co anor, Mo	d.	State)
24	F. Gas	ch's Sons	Hyatt	sville, Md.	DATE		an mal	carley J	udge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending bysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after dept.

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Reprosed Assessment and the Land Sweet Will Co. i water and and an where the state of IN CALLS LIVE BOY & Intinto, I would be sent the minimus r SERVED OF BESTER TO THE PARTY OF THE PARTY O The received in the territory of the state o

the constitution of the constitution only

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION 0325 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	a. CDUNTY		777		2. USUAL RESIDE					
	Prince George's		MARYLA		o. Maryland Prince George's					
	b. CITY DR TDWN (if outside write RURAL and give near	corporate limits, rest town)	c. LENGTH DF STAY II	N 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL end give nearest town					
	Cheverly		1 day		Hills			1	6.1	
	d. NAME OF HOSPITAL OR INS	TITUTION (if not in h	ospital, give street add	ress)	d. STREET ADDRES	S			e. IS RESIDENCE	
_	Prince George's	General H	ospital		1935	Brooks			YES ND	
3.	DECEASED	First	Middle		Last	4. DATE		th D	ay Year	
_	(Type or print)	Jane	E		Conners	DEAT	OUL			
5.	SEX 6. COLOR OF	R RACE 7. MARRIED	NEVER MARRIED] 8	. DATE OF BIRTH	9	 AGE (In years last birthday) 	Months Day	AR IF UNDER 24 HR s Hours Min.	
	Female white	WIDDWED			8/8/10		55 yrs.			
10 du	a. USUAL OCCUPATION (Give kind ring most of working life, even	of work done 10b. K	IND OF BUSINESS OR		11. BIRTHPLACE	_		y) 12. CITIZI CQUNT	N OF WHAT	
	School Teacher	Rtd. E	ducation		Alleghe			0.	S.A.	
13	Porter C. Ed	wards			14. MOTHER'S MA	iden name a Gara	han			
	5. WAS DECEASED EVER IN U.S. AI		SOCIAL SECURITY NO.	17.,	INFORMANT		Addre			
10	es, no, or unkown) (If yes give war	or dates of service)		WI	a. A. Conn		Marylan			
	18. CAUSE OF DEATH [Enter PART I. DEATH WAS CAU IMMEDIATE	ISED BY: Cer	ine for (a), (b), and (c). ebral Hemorr	rhag			U	IN	TERVAL BETWEEN NSET AND DEATH	
	Cenditions, If any, which	DUE TO Hype	ertensive co	pron	ary arteri	loscler	otic hear	rt disea	ase. yrs	
	gave rise to immediate cause (a), stating the	DUE TD								
	underlying cause last.	(c)								
CERTIFICATION	PARTII. OTHER SIGNIFICANT C		JTING TO DEATH BUT NO	TRELA	TED TO THE TERMINA	L DISEASE CO	NDITION GIVEN IN		9. WAS AUTOPSY PERFORMED? YESXXX ND	
	20a. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING 20b. I DF DEATH EXAMINER)	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature	of injury in i	Part I or Part II	of Item 18.)		
MEDICAL	20c. TIME DF INJURY Mont Hour a.m. p.m.	h, Day, Year 20d. While 19 at worl	Not While	e. PLAC factor	E OF INJURY (Home, y, street, office bldg.	farm, 20f. , etc.)	(City or town)	(County)	(State)	
	21. I certify that (# (th	is hospital) attend	ed the deceased from	m	June 30	1966 , to	July 1	<u>, 1966</u> ,	that XI) (we) las	
	saw the deceased alive	on oury r	19_00, and	that	death occurred at		rom the causes	22b. DATE		
	22a. SIGNATURE	en blo	1 1 10 1. 1		ATTENDING	MED.	STAFF PHYS.			
	22c. PHYSICIAN'S NAME (Type) Edw	in J. Jens	en en	M.D.	22d ADDRESS Chever			1 17 -7		
					One ver	1000	Q. •			
23	a. BURIAL, CREMATION, 23b. REMOVAL (Specify)		23c. NAME OF CEM	ETERY	OR CREMATORY		OCATION (City, t			
-	Transit 7/	/2/66	ADDRESS		1 25- 7	FOID BY DEC	ttsburg,	Penns	CNATURE	
		Funeral Ho						0		
_	1331 R	ockville"P	me, Rockvi	lle	, Md. DATE	JUL 8	1966	Juane	es Judge	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10326

CERTIFICATE OF DEATH

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7004	9						Tila	A	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived,	if institution: Re:	sidence befor	e odmissio	n)
o. COUNTY	Prince Geo	rges	MARYLAND	o. STATE Md.		b. COUNTY P	rince	Georg	ges
b. CITY OR TOWN	(If outside corporate limit ad give_nearest town)	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corparate limits,				
Rive	rdale		15 days	Cheverly	T		16	1	
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	ot in hospitol, g	give street oddress)	d. STREET ADDRESS			1	e. IS RESID	ENCE RM2
Eugene Le	land Memori	al Hosp	oital	6202 Monr	roe St.				NO.
3. NAME OF	Fi	rst	Middle	Lost	4. DATE	Month	Doy	Yeo	ir
(Type or print)	Marga	ret	May	Cook	OF DEATH	July	24	19 6	56
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Ir	thdoy) Mont	hs Doys	IF UNDER Hours	24 HRS. Min.
female	white	WIDOWED	DIVORCED .	12-13-1893	72	yrs.	ilis Duys	110013	Will.
10o. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (County		11	2. CITIZEN OF COUNTRY?		
during most of working Hous	ewlie	IN	DUSTRY	No	orth Carol:	ina	COUNTRY	U.	S.A.
13. FATHER'S NAME	3.			14. MOTHER'S MAIDEN	NAME +	PAUC	.H .		
	Sloop			MARY JA	NE IEVE				
	ER IN U.S. ARMED FORCES?	f		INFORMANT		Address		374	
(tes, no, or unknown)	(If yes give wor or dotes	Selvice 3	15-50- 1596 H	Mospital reco	ords	1.00		THE	
	EATH (Enter only one cou	use per title for	(o), (b), ond (c).)	/ •	11 ,	T (1		ERVAL BET	
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	to NICCIA	vgestiva	Heart	Tailu	ry UN	SET AND D	tAIH
433	C DUE		/ 0	110	10	1 11	-	1.	
Conditions, if on		(b) ANT	terior Bu	Ndle Br	3Ne4 13	lock	2 0	ray	2
rise to immedia		TO							
last.)	(c)							
PART IL OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	T 1(o)	19.	WAS AUTO PERFORM)PSY
(3 Le	1N: mo	Asee	wding C:	(8 N/			Y		NO E
200. ACCIDENT W.	AS UNDERLYING		SCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of ite	m 1B.)			
	G 🗆 CAUSE OF DEATH Y MEDICAL EXAMINER)								
3 20c. TIME OF IN	JURY Month, Doy, Year			LACE OF INJURY (Home, for		town)	(County)	(Stote)
Hour o	.m. 19	While		octory, street, office bldg., etc.)				
21 cert	.1116-	0.1101	ded the deceased fram	9 July	1866, 1024	Mb.	1966, th	nat (I) (we) la
	deceased alive and		4 1966, and th	death occurred at	7 & M, fram	causes and a		1/1	,
22d SIGNATURI		19,	1	ATTENDING			b. DATE SIGN	IED	2
thom	4 m. 1	hiles	un 1	M.D. PHYS.		AFF RYS. 7	1-24	166	
22c. PHYSICIAN	5 1-11	11 11	UTCHINS	22d. ADDRESS	1 2	1 11	11 .1	17	1
NAME (Typ	e) THOMAS	18114	VICHINO	7315621	rdover R	d Hyd	1756111	12,1	ud.
23o. BURIAL, CREMAT		EREOF	23c, NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Jown)	(County	1) (5	tote)
Burial Specif	1) July 2	7,1966	Host Line	aln	Blader	sbure	Mar	yla	ng
24. FUNERAL DIRECT	OR O	1	ADDRESS A	250. REC	D BY REGISTRAR	25b. REGISTRA	R'S SIGNATUL	4	
W. U). (han	Lors	(00. Thursda	4.911 DATE J	JL 26 196	p for	arles	Lucy	~

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

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milita	V	0	het	0	

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution: Reside of STATE b. COUNTY						
		ARYLAND	Maryland	i .	Prince	George's	
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STA	c. CITY OR TOWN (If ou	tside corporote limits, wri	te RURAL ond give	neorest town)		
	write RURAL and give nearest tawn) Hvattsville		Hyattsvi	ille		16-1	
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	The state of	Ap	e. IS RESIDENCE		
0	2502 Queens Chapel Road, Apt. 20		2502 Que	eens Chapel	Road, 2	O4 YES NO X	
	3. NAME OF First Middle		Last	4. DATE	Manth	Day Year	
	(Type or print) Edwin Benjar	min	Crandall	OF DEATH	7	26 1966	
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED B	B. DATE OF BIRTH	9. AGE (In ye			
	male white WIDOWED DIVOR	RCED	9-20-05	60 last birthd	ay) Manths yrs.	Days Haurs Min.	
	10a, USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OF	2	11. BIRTHPLACE (State	ar foreign cauntry)		IZEN OF WHAT	
	during most of working life, even if retired) Policeman - Retired		Nagaha	Missouri	COL	UNTRY?	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N			6 m 6 12 4	
	Edwin Jay Crandall			Anderson			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	D. 17. II	NFORMANT		Address		
	(Yes, na, arunknawn) (If yes give war or dates af service)	Mrs	s.Margaret	: Crandall	(abov	a address	
	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	177.40		Vife)	. (4507	I INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY:	neumon.		ATTO		days and DEATH	
	9040 IMMEDIATE CAUSE (a) Bronchial D						
	a the of the second sec	of en	inal cord at	t. C-5			
	rise to immediate cause (a), (OT DO	THEY COLU C	0 0)			
	stoting the underlying couse (c) Fracture of	correi	cal vertehr	a (fell at.	home)	ten days	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT					19. WAS AUTOPSY	
0	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT			DITION GIVEN IN PART I	uj	PERFORMED? YES A NO	
1	Rheumatoid Arthritis (over ten years) 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
	PRIMARY □ or CONTRIBUTING ▼	Part I ar Part II of Item I	8.)				
	CAUSE OF DEATH. fell at h						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat While IN		E OF INJURY (Hame, farm		,	unty) (State)	
6	8:00a m.p.m. 7-15 1966 While of work of twork	hom	ory, street, office bldg., etc.)	Hyattsv	ille, P	G., Md.	
6	21. I certify that I taak charge af the remains described	abave, hel	d an Autopsy 🟋,	Inspection X,	Inquiry X,	and in my opiniar	
	death resulted fram: Natural causes,	X, Suici	de , Hamicide	Undetermine	ed manner		
		-	CHIEF MEDICAL	EXAMINER			
	SIGNATURE CAMPA ROLL		M.D. ASSISTANT MEDI	CAL EXAMINER		22. DATE SIGNED	
-1	EXAMINER'S		DEPUTY MEDICA	L EXAMINER		7-26-66	
4	NAME (Type) John Kehoe M.D., Riverdale,	Maryl	and Address (Street	, city, town, or caunty)			
	23g. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF C		REMATORY			, ,,	
	REMOVAL (Specify) 7/29/66 Cedar	Hill	Cemetery	Suitlar	id, Mar	yland	
	24. FUNERAL DIRECTOR Nalley's ADDRESS	t.Rai	ni or 2Sa. REC'D	BY REGISTRAR 25	Sb. REGISTRAR'S SI	IGNATURA .	
h	Funeral Home Inc. Mar	yland	DATE AU	G 1 1966	Clear	les Judge	

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of This certificate should be executed within 24 hours after death. If TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/66

Health ar its designated agent, priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

FOR STATE HEALTH

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State 12 substitutes entitutes in the research of \$2802. PARTIES AND A COMPANY OF STREET

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

2

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND
CERTIFICATE OF DEATH

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY PRINCE GEORGE'S MARYLAND	VIRGINIA ALEXANDRIA
b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) ANDREWS AIR FORCE BASE 30 DAYS	ALEXANDRIA 23 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
USAF HOSPITAL ANDREWS	3201 LANDOVER ST APT 301 YES NO K
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) JULIAN BUCKINGHAM	CROSS DEATH JULY 24 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Days Hours Min.
MALE CAUCASIAN WIDOWED DIVORCED	22 NOV 1906 59 yrs. Wolfdis Days Hours
10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
OFFICER US AIR FORCE	SOUTH CAROLINA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANCIS MARION CROSS	MAY MC CLURE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes pive war or dates of service)	INFDRMANT Address
YES 1947-Present460-18-9609 CO	NSTANCE CROSS-WIFE-SAME AS #2
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFA	RCTTON ONSET AND DEATH
4201 DUE TO	NATE AND
Conditions, If any, which) (b) ARTERTOSCI, EROTT	C HEART DISEASE 85 DAYS
gave rise to immediate	C IIIANI DISTASL
cause (a), stating the DUETO (c) (c)	
	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) [19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIB	PERFORMED? YES X NO
20a. ACCIDENT WAS UNDERLYING ☐ 2Db. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	
21. I certify that (whis hospital) attended the deceased from 2	4 JUN , 1966, to 24 JUL , 19 66 that XI) (we) last
	death occurred at 9.0% from the causes and on the date stated above.
22a. SICNATURE	ATTENDING MED. 05 A. MAFF 22b. DATE SIGNED
Or Alla	PHYS. DIRECTOR PHYS. 121 24 JIII. 66
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESSUSAF HOSPITAL ANDREWS.
RUBEN ALTMAN CAPT MSC USAF	ANDREWS AFB WASHINGTON DC 20331
23a BURIAL CREMATION 23b. MATE THEREOF 230 NAME OF CEMETERY	
BREMOVAL (Specify) 7/28/66 / MUNGTON	NATE HALINGTON, UA
24 FUNERAL DIRECTOR ADDRESS LIPS 11.	D.C 25a. REC'D BY REGISTRAR 25b. RECISTRAR'S SICNATURE
WW. Unambers 6 50 1105-5	DATE JUL 26 1966 Icharles Judge
	-

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PRINCE GEORGE'S

PRANCIE HARION CROSS

ATAGRAZZIA - ATRIBUTY - ...

ANDREWS AIN FORCE BASE 30 DAYS VIEWALDRIA

ALLIA ME PROXIDENTE CROSS PARTY OF SECURE

22 NOV 1909 - 50 M A MINER

OFFICER L V L US AIR FORCE SOUTH CARDAINAY L L U.S. S.

ES 1947-Prasenthos-literog CO States CROSS-WITE-SollE AS

MOTORATE LARGE OF BUILDING ARTERIOSCIENDOTIC HIART DISEASE

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THE STATE OF THE S .H.A 20:0

USAF HOSPITAL ANDRONS. LEADER OF MOTORINGAN, E.A. E. WIEREN ANDEREN SALLE PROTOR DE 1988 S.

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201 W DESTON STREET RAITIMORE MARYLAND 21201

	DIVISION OF STATISTICAL RESER			EI, DALIIMORE, MARILAN	10 21201
4	10323	CERTIFICATE	OF DEATH		11720
	1. PLACE OF DEATH 0. COUNTY Prince Georges	MARYLAND	1 0 STATE	here deceased lived, if institution: b. COUNTY	Residence befare admission)
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If our	side carporate limits, write RURAL	ond give neorest town)
1	Glenn Dale (rural)	27 days	Washing	ton	47-3
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol,	give street address)	d. STREET ADDRESS	Problem 19	e. IS RESIDENCE ON A FARM?
1	Glenn Dale Hospital		4321 Sh	eriff Rd., N.E.	YES NO X
4	3. NAME OF First DECEASED (Type or print) William	Middle	Cummings	4. DATE Month OF DEATH July	Doy Year 13, 1966
1	(Type ar print) W1111am SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	FUNDER I YEAR IF UNDER 24 HRS.
	Male Negro WIDOWED	DIVORCED	9/17/1900	65 yrs.	Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County Columbia	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	George Cummings		Mary Wi	lliams	
	(Yes no or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	Decedent	Address	
	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gave rise to immediate cause (o), stating the underlying couse lost. (c)	(o), (b), and (c).) chogenic carcin etastases	oma, squamo	as cell type, w	ith ONSET AND DEATH ORIGINAL di-
	PART II. OTHER SIGNIFICANT CONDUIONS CONTRIBUTING Resection, Fight lower 1 bullious emphysema; arter	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON MONARY TUDE TRIOVASCULA	DITION GIVEN IN PART 1(0) rculosis, minim r disease, comp	19. WAS AUTOPSY PERFORMED? YES NO NO
	The section right ower and the section was underlying and contributing a cause of death (if either, notify Medical examiner) 20c. Time Of Injury Month, Day, Year Hour o.m. 20c. Time Of Injury Month, Day, Wear While	ESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in f	Part I ar Part II af item 18.)	
	p.m. 17 at wor	Not While at work	CE OF INJURY (Hame, farm tary, street, office bldg., etc.)		(County) (Stote)
	2) I certify that 24) (this haspital) atten	ded the deceased from	6/15/, 1 it death accurred at	9 <u>66 to 7/13/</u> 11:25 M/mram causes an	_, 19 <u>_6</u> 6 that 採) (we) last d an the date stated abave.
		Cers M	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 7/13/66
	22c. PHYSICIAN'S NAME (Type) Moe Weiss, M.I),		lenn Dale Hospi lenn Dale, Mary	
	230 BURIAL REMATION, REMOVAL (Specify) 23b. DATE THEREOF 7-20-66	23c. NAME OF CEMETERY OR Harmony Memo	o. Park	23d. LOCATION (City or Town) Prince Geoge	County, Md.
%	OA FUNEDAL DIDECTOR	ADDDICC	A DEC'D	DV DECICTOAD OCH DECIC	TDAD'S SIGNATURE

1966

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye-certified papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10330

CERTIFICATE OF DEATH

11729

	PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased li	ved, if institution: R	esidence befo	are admission)
		George's		MAR	YLAND	Maryland		Prin	ce Geo		
	b. CITY OR TOWN	(If outside corporate lim	its,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If or	utside corporote li	mits, write RURAL a	nd give neore	st town)	
	Cheverl	y give nearest town)		3 hr. 29	9 min	. Forestvi	lle		1	1	
	d. NAME OF HOSP	ITAL OR INSTITUTION (IF	nat in hasp	pital, give street address)		d. STREET ADDRESS				e. IS RESIDE ON A FAR	NCE M2
	Prince	George's Ge	nera.	l Hospital		3405 Lor	ring Dri	ve		YES N	
	NAME OF		First	Middle		Last	4. DATE	Month	Da	y Year	
	DECEASED (Type or print)		Baby	Boy		Curtis	OF DEATH	July	23	3 19 (56
S.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	D X	B. DATE OF BIRTH			UNDER 1 YEAR		
	Male	White	WIDO	WED DIVORCE	D 🔲	July 23, 19	66	Yrs.	nths Doys	Hours 3	2 ^{Min.}
10a	USUAL OCCUPATION	N (Give kind of work dar	ie 1	Ob. KIND OF BUSINESS OR		11. BIRTHPLACE (County	& State, or foreign	cauntry)	12. CITIZEN O	F WHAT	
auri	N A	g life, even if retired)		N/A		Prince Geo	rge's, l	faryland	USA	f	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			7117	
	Unknown					Bette Leon	a (Tucke	er - maid	en) Cu	irtis	
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES	?	16. SOCIAL SECURITY NO.	17. 1	NFORMANT		Address			
(Te	N/A	(If yes give war or date:	or service)	N/A	1	Mother		as ab	ove		
	18. CAUSE OF I	DEATH (Enter only one of	ause per lir	ne far (a)() (b), and (c).)		17.17.				ITERVAL BETW	
		ATH WAS CAUSED BY: IMMEDIATE CAUS		Bilatua	1	While dais	9		01	NSET AND DE	ATH
	71.2	4.00	JE TO	1	- 7						
	Canditians, if an		(b)	Munal	urely	-			24 78		
	rise to immedia		JE TO		-						
	stoting the und	erlying couse	(c)								
		SIGNIFICANT CONDITIONS		TING TO DEATH BUT NOT RE	I ATED TO 1	HE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(a)	19	. WAS AUTOF	PSY
MEDICAL CERTIFICATION	TAKI II. OIIIEK	SIGNIFICANT CONDITIONS	CONTRIBO	INO TO DEATH BUT NOT KE	LAILD IO	THE TERMINAL DISEASE CO	NOTITOR OFFER IN	TAKT I(U)		PERFORMED)?
E S	200 ACCIDENT N	AS UNDERLYING	1 20	05. DESCRIBE HOW INJURY O	CCUPPED	Enter nature of injury in	Part Lar Part II a	of item 10)		YES N	0
ERTI	OR CONTRIBUTIN	G CAUSE OF DEATH	20	US. DESCRIBE HOW INJURY O	CCURRED.	ciner notore of injury in	roll I or roll II c	or nem 10.)			
AL C		Y MEDICAL EXAMINER)	12	20d. INJURY OCCURRED	20. 014	E OF INJURY (Hame, farr	n. 20f. (Ci	ty ar town)	(Caunty)	/51	late)
EDIC	Hour o			While Not While		ry, street, office bldg., etc.		iy di lown)	(Caumy)	(31	are)
~		.m. 19	0	ot wark U ot work U		7-1 00	1000	7100	10 66	1 (1) (
	21. I ceri	t ity that (I) (this ho deceased alive an_	ospitol) o	ottended the deceosed v 23 19 66	from	deoth occurred of	1966 10 c	July 23	, 19_601	hot (I) (w	e) lost
	220. SIGNATUR		0 44	7 20 19 00,	ond mo	deoin occurred of			22b. DATE SIG		obove.
	220. SIGNATUR	11.		Mih / bol	in	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.	7/28/6		
	22c. PHYSICIAN	con (1	en	IN TON	Om.	PHYS. KX	DIRECTOR L	PHIS.	7,20,0		
			era,	MD. for Dr. 1	E.J.C		00 Long	e Ridge L	ane. F	Bowie !	Md.
230	. BURIAL, CREMAT			23c. NAME OF CEM				ON (City or Town)	(Count		
C.	REMOVAL (Special Control of the Cont						100000			.,	,
	. JUNERAL DIRECT	00 - /		D ADDRESS	eorge	's Gen. Hos	D'BY REGISTRAR	verly 256. REGISTA	RAR'S SIGNATU	Maryl	and.
C	Khan	nair	Wy.	Penn, JADDRESS		Δ1Δ1		966 /	iarles	Judge	MD.
-	the many	V Admii	LISTA	ator. Chever	W. N	DATE JAV	0 .			V 47	Tana .

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prysicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. at Health prior to burial, cremation, ar removal-and in any event, within 72 hours after apply. Page 4 may be retained by the haspital ar attending physician.

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	26 cm m				
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover and In any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0331

1. PLACE OF DEATH a. COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE CALLFORNIA b. COUNTY 625 Aspen St, Vandenberg AFB.				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				
ANDREWS AIR FORCE BASE 6 days	Vandenberg Air Force Base, Co 43.3				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS 6. IS RESIDENCE ON A FARM?				
USAF HOSPITAL ANDREWS	625 Aspen Street YES NO X				
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year				
(Type or print) FRANCES C	ZECH DEATH JULY 4 19 66				
TO THE STATE OF TH	8. OATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HR\$. last birthday) Months Oavs Hours Min				
FEMALE WHITE WIOOWED OIVORCEO	9 Mar 1883 83 yrs. Months Oays Hours Min.				
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
HOUSEWIFE	POLAND				
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME				
MR. CHMIELAK	TINTUNIONIN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	UNKNOWN Address				
(Yes, no, or unkown) (If yes give war or dates of service)	TITAN C DADED DOTGODY VOL				
No No 073-01-9509 WI	LLIAM S RADER, BRIGGEN USAF				
PART I. OFATH WAS CAUSED BY: PNEUMONIA, VIRAI	ONSET AND DEATH				
IMMEDIATE CAUSE (a)	a VIIII				
OUE TO CEREBROVASCULAR A					
gave rise to immediate	scular Accident				
cause (a), stating the DUE TO HYPERTENSION					
underlying cause last. (c) by pertex					
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?				
DIMBETES MCLLITUS	DIABETES MELLITUS YES NO E				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)				
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
Hour a.m. p.m. 19 While Not While at work at work	rry, street, office bldg., etc.)				
	A JUNE, 1966, to 4 JULY, 1966, that (we) last				
	t death occurred at 0/00M, from the causes and on the date stated above.				
22a. SIGNATURE	22b. OATE SIGNEO				
teplien Podolsky. 1 M.	D. ATTENOING MEO. STAFF PHYS. 1966				
22c. PHYSICIAN'S	22d. AOORESS				
NAME (Type) STEPHEN PODOSSKY, CAPT MC USAF	USAF HOSPITALM ANDREWS AFR WASH 25 DC				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER					
Burial 7/7/66 Calva	Wy Paughkeebsie, N.Y.				
24. FUNERAL OIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
w.w. Chomber Co 517 11th s+SE w	ash. DC DATE JUL 7 1856 Marley Judge				

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

HEALTH

any delay is

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department af event within 72 hours after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEET AL EXAMINER:

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

Health ar its designated agent, prior to burial, cremation, ar remayal, and in any

0332 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10323

1.	PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE o. STATE	E (Where deceosed lived, if institution: Resi b. COUNTY	dence before odmission)
		ince George!	MARY	/LAND		of Columbia	V
	b. CITY OR TOWN (If outside corporate limits, if give nearest tawn)	c. LENGTH OF STAY I	N 1b		outside corporate limits, write RURAL and	give neorest town)
	Cheve		DOA		Washing	ton	47.3
			hospitol, give street oddress)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		eorge Genera			3700 Mass	Ave. N.W.	YES NO K
3.	NAME OF DECEASED	First	Middle		Lost	4. DATE Month	Doy Year
	(Type or print)	Raul	Ribeira	DaCo		DEATH 7	5 19 66
	SEX		MARRIED NEVER MARRIED	-	. DATE OF BIRTH	9. AGE (In years IF UNI last birthday) Month	DER 1 YEAR IF UNDER 24 HRS. IS Doys Hours Min.
	Male	MITTOG	WIDOWED DIVORCE		11-2-1897	.68 Yrs.	
) 10 du	 USUAL OCCUPATION ring most of working 	(Give kind of work done life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY			,,	COUNTRY?
	V1011r	nist	National Th	<u>eate</u>			COUNTRY? U.S.A.
13	FATHER'S NAME				14. MOTHER'S MAIDE		
	Unknov				Unkno		
15 (Y	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of ser	16. SOCIAL SECURITY NO.		NFORMANT	Address	
(,			577-05-784	6 Cl	aire E.	daCosta-Wife- S	ee Item #2
		EATH (Enter only one couse p					INTERVAL BETWEEN
	PART I. UEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) .	Heart failure				ONSET AND DEATH
	420						
	Conditions, if ony	0 (0)(50 (0)	Arteriosclerot	ic he	eart disea	se	unknown
	stoting the unde	rlying couse DUE 10					
	lost.) (c)					Lio was all topsy
NO	PART II. OTHER SI	GNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE (CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
IS	20o. EXTERNAL CA	TICE WAS	T 201 DESCRIPE HOW INTHINY O	CCLIDDED /	Enter nature of injury	in Port I or Port II of item 18.)	YES NO 🔀
MEDICAL CERTIFICATION	PRIMARY Or CO CAUSE OF DEATH.		200. DESCRIBE HOW INJURY O	CCORRED. (enter notate of injury	in roll i or roll is of nem 16.	
DICAL		JRY Month, Doy, Year	20d. INJURY OCCURRED		E OF INJURY (Home, for		(County) (State)
ME	Hour o.r	10	While Not While of work	10010	ry, street, office bldg., e	erc.)	
H	21. I certif	y that I taak charge a	f the remains described	bave, he	d an Autapsy	, Inspection x, Inquiry x	, and in my apinian
	death result	ted fram: Natural	Suses & Accident	Suici	de , Hamici	de Undetermined manner	
		1 V	IR IT		CHIEF MEDIC	CAL EXAMINER	
	SIGNATURE	John	12	~	TH.D.	MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S	They Valence	/ D Diamatala	3/6.3		DICAL EXAMINER [8]	7///
- 00	NAME (Type)	John/Kehoe, M				reet, city, town, or county) 23d. LOCATION (City or Town)	7-6-66 (County) (Stote)
23	o. BURIAL, CREMATU BUNIAL (Specify BUNIAL)	1					(county) (stote)
-	A CHNEDAL DIDECTO	ND /	ADDRESS	eek	Cemetery	r Washington D EC'D BY REGISTRAR 256. REGISTRAR	S SIGNATUREA
T'	oseph	awler's So	ns. Inc.,513	iW_O	SC C DATE	JUL 8 1966 FC	iarles Judge

VR A15ME (5) 6M 1/66

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

- 1133			0=1711111	01111	or Danie					_
1. PLACE OF DEAT	TH				2. USUAL RESIDEN a. STATE	CE (Where dece	ased lived, If Insti-		ience before	e admission)
Prince G	eorge's		MARYL	AND	Marylan	d		nce Ge	orge'	s
b. CITY OR TO	WN (If outside corporate i L and give nearest town)	imits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I		orate limits, write	e RURAL an	d give nea	rest town)
Cheverly			27 days		Hyattsv	rille		1	6-1	
d. NAME OF HO	OSPITAL OR INSTITUTION (if not In ho	spital, give street ad	idress)	d. STREET ADDRESS					RESIDENCE A FARM?
Prince G	George's Gener	al Hos	spital		5807 Ma	ryhurst	Drive		YES	NO 🗌
3. NAME OF DECEASED	First		Middle		Last	4. DATE	Month			Year
(Type or print)		e	E		Damuth	DEATH	July			19 66
5. SEX	6. COLOR OR RACE 7.	MARRIED 2	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years III last birthday)	FUNDER 1 Y		
Female		WIDOWED [, 1920	45 yrs.			
during most of wor	ATION (Give kind of work don king life, even if retired)	IN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (12. CITI	ZEN OF WH	HAT
Housewif		N,	/A)., Md.		U	sa	
13. FATHER'S NAI					14. MOTHER'S MAI					
	ilip H. Dei					Dailey				
(Yes, no, or unkown)	EVER IN U.S. ARMED FORCE (If yes give war or dates of ser	rvice)	OCIAL SECURITY NO.		INFORMANT		Address			
		21	5-12-5834	-	Donald R. I	Damuth	Same			
	DEATH [Enter only one ca								NTERVAL ONSET AN	BETWEEN D DEATH
PART I. C	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	15%	Low cho!	りかし	eumon,	IA			3 d	AVS
2811	DUE TO	1	,	1	,	10.	, ,		2	
Conditions, if	4 (1)1	CIM	rhosis b	FL	iven L	Men	WEC.	5	3 m	05
gave rise to cause (a),										
underlying cau	(6)									
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUT	TING TO DEATH BUT N	OTRELA	TED TO THE TERMINAL	DISEASE COND	ITION GIVEN IN PA	ART1(a)	PERJ	AUTOPSY FORMED?
FIC.									YES Z	NO _
OR CONTRIBUT	T WAS UNDERLYING [] TING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER	20b. Di	ESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature o	of Injury In Par	t I or Part II of	Item 18.)		
	INJURY Month, Day, Yea	r 20d. IN		Oe. PLAC	CE OF INJURY (Home, f ry, street, office bldg.,	arm, 20f. (0	(Ity or town)	(County	/)	(State)
Hour a.	.m. 19	While at work	Not While at work	140(0)	y, act eec, onloc blug.,	010.)	,			
	ify that (I) (this hospita	l) attende	d the deceased fro	om	JUNE 1	19 6 L to	7/10	1966	2. that (1)	(we) las
	eceased alive on 7	110	/ /		death occurred at	M, from	m the causes a	nd on the	date stat	ted above
22a. SIGNATU	TRE /	10	Linesone		ATTENDING ATTENDING	MED.	STAFF	22b. DAT	SIGNED	166
22c, PHYSICI	IAN'S //		- /	M.D	. PHYS. 22d. ADDRESS	DIRECTOR	PHYS.	-11	1	6 6
NAME (1	Type)// OKMA	wi). (ome	44	L 3503	Tenny	151 M	700	4100	15 x
23a. BURIAL, CRE REMOVAL (Sp	MATION, 23b. DATE THE	REOF			OR CREMATORY	23d. LOC	ATION (City, tow	n or count	y)	(State)
Burial	7-74-6	56		CWOC	d Cem.		Lto., Mo			
24. FUNERAL DIR	RECTOR	?	ADDRESS		25a. BI	C'D BY REGIS	TRAR 25b. REG	ISTRAR'S		E
Withte	T. N-410160	lman	dean. (lus	DATE	AL TO	1000 /	mary	y Jus	ye.

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e top reed and		E bnslvs				s'emor	toulas.
		alliverse		TYNE TC			
	37 PH	17 Maryhart		Leilm	Cen ral Bos	s 'espan	Pontsii
or or	VLUT		damni.		Alice		
		00 11 .3 738	mean 0			erina	Pennie.
		e c		Α'			Remeal
					1.00		
		Townst .T		opposite-	TC .		
		-		L. F.M.			
Sellet .	250						

ARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4 Liebel 4	CERTIFICA	L OI DIAI	••			LUDA	16)
1. PLACE OF DEATH 3. COUNTY Prince George's	MARYLAND	2. USUAL RESIDEN Maryland	CE (Where decee	b. COUNTY	e Georg		Imissio
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outsida corporat	e limits, write RUP	RAL and give n	eerest town	1)
Riverdale	one day	2 Briarcrof	t Lane L	aurel, M	aryland	1 16	- 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	spitel, give street address)	d. STREET ADDRESS	VE LINE			e. IS RES	FARM
Leland Memorial Hospital	A Second Section 1						NOXIX
3. NAME OF First DECEASED (Type or print) Tred Clif.	Middle ford	Davis	4. DATE OF DEATH	July	Dey 29	Yeer 19	66
5. SEX 6. COLOR OR RACE 7. MARRI	EDXIX NEVER MARRIED 8	DATE OF BIRTH		1 6 5 45 1 1	NDER 1 YEAR	IF UNDER	
Male W WIDOW		July 31, 1	1903 6	2 birthday) Mo	nths Days	Hours	Min.
owner whole	Sale beer dist.	Bethel, C	hio	oign country)	12. CITIZEN O	F WHAT CO	DUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Lee Davis	Eva Houser						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive war or detes of service)	50 CIAL SECURITY NO. 17. 1	rs. Bert F.	Davis	Address	ame		
DUE TO ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CO PART III. OTHER SIGNIFICANT CONDITIONS CO OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	NTRIBUTING TO DEATH BUT NO					PERFO	UTOPS'
	leNot While lect	CE OF INJURY (Home, far. ory, street, office bldg., etc		town)	(County)	(Stete)
21. I certify that (I) (thi hospital) atte-	nded the deceased from		19, to		, 1940., till I on the da	te stated	abov
Land & Ville	A Server	NINC	MED. DIRECTOR	STAFF PHYS.	4 291	146	DATE
22c, PHYS CIAN'S NAME (Type)		ZZO. AUMKESS					
KOBER I C	WINFFIELD	Laur	el, M	d.			SIGNI
ROBERT C 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) August 1, 196	23c. NAME OF CEMETERY	Laur OR CREMATORY		on (City, town or Manor,		(Sie	SIGNI

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the death certificate be experimented by the hospital or attending physician.

IO FUNE DIRECTOR: After this certificate has been signed by the alrending physician and composition by the funeral director, page 3 should be detached for use as the burial-transit permit. The please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed and in any event, within 72 hours after death. VR A1S (4)

The law requires that the death certificate be exist

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

)		10335			CERTIF	FICATE	OF DEATH				11134	0
		PLACE OF DEATH o. COUNTY	rince Geor	ge's	MAR	YLAND	2. USUAL RESIDENCE o. STATE	(Where deceased	d lived, if instituti b. COUM			
	-	b. CITY OR TOWN (write RURAL on Landov	(If autside carparate limi d give pearest town) er Hills,	rs, Md.	c LENGTH OF STAY 22 year		c. CITY OR TOWN (If o		ills, M	RAL ond give neo		
^	(TAL OR INSTITUTION (If r 72nd avenu		l, give street oddress)		d. STREET ADDRESS 4410	72nd a	venue	16.4	e. IS RESID ON A FA	DENCE ARM? NO
		NAME OF DECEASED (Type or print)		irst gar	Middle		Dean Lost	4. DATE OF DEATH	Mont July	5,		66.
	S. S	male	6. COLOR OR RACE white	7. MARRIE WIDOWE	Life		March 22,		AGE (In years last birthday) Yrs.	IF UNDER 1 YEA Manths Day		Min.
	duri		N (Give kind of work done life, even if retired) ed	100	KIND OF BUSINESS OR INDUSTRY Hotel		Independ 14. MOTHER'S MAIDEN	ent Hi		12. CITIZEN COUNTR US		
	15. (Ye	WAS DECEASED EV	amuel Dean ER IN U.S. ARMED FORCES' (If yes give wor or dates	1	6. SOCIAL SECURITY NO.		Susan An NFORMANT 1sie Dean		er Addre ver Hil			
		PART I. DEA 14 2-0 Conditions, if ony rise to immedia stoting the under lost.	r, which gave te couse (o), Priying cause	(c)	Try o	o Co	Clirote	Jan Jan	lucal	r	NTERVAL BET ONSET AND D	DEATH
)	MEDICAL CERTIFICATION	20a. ACCIDENT WA	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	2	DESCRIBE HOW INJURY O	on	(Very to	Treat	Youle	ms)	9. WAS AUTO PERFORM YES	OPSY ED? NO 🔀
	MEDICAL	Hour o. p.	m. 19	Wh of w	ork LJ of wark L	foct	CE OF INJURY (Hame, far ory, street, office bldg., etc	:.)	(City ar tawn)	(County)		State)
/			leceased alive an_	spital) att	The file		ATTENDING	MED. DIRECTOR [Arom couses STAFF PHYS.			
		BURIAL, CREMATI	al July				Cemetery	Col	ATION (City or To		•	tote)
1	24	F. Ga	sch's Sons	в Нуа	ADDRESS attsville,	Md.	DATE	D BY REGISTRA		WILL B		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 hours after deapt.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

0336 CERTIFICATE OF DEATH

ATE OF DEATH

1	1.	PLACE OF DEATH OF COUNTY Prince	a lapproof		ALA DVI ANI		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY Maryland Prince George's					
		b. CITY OR TOWN (If autside carparate limi	ts.	MARYLAN	- 11	. CITY OR TOWN (If o	autside carparate limi				
		Cheverly	d give nearest tawn)		16 hours			Marlboro	-,	/	/ 1	
		4	AL OR INSTITUTION (If n	at in haspital,			. STREET ADDRESS	Mar IDOTO		- /	e. IS	RESIDENCE
4		Prince 0	George's Ge	neral I	Hospital		RFD 228	81			YES	FARM?
		NAME OF DECEASED (Type or print)		n as	Middle O Diver	De	DeMarr	4. DATE OF DEATH	Manth		Day 25	Year 19 66
	S. :		6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH	9. AGE	(In years	IF UNDER 1 Y	EAR IFU	NDER 24 HRS.
		Male	White	WIDOWED	DIVORCED] M	ar. 20, 18	8 90 76	birthday) yrs.	Manths D	lays Ha	urs Min.
	duri 13.	ing most of working PODACCO FATHER'S NAME	(Give kind af wark dane life, even if retired) Farmer	Ow	IND OF BUSINESS OR NDUSTRY		Brandyw 4. MOTHER'S MAIDEN	y & State, ar fareign co		COUN	EN OF WHA	A .
			omas DeMa		HE COL			t Richar				
	(Ye	WAS DECEASED EVE es, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates	af service)	SOCIAŁ SECURITY NO. 17-36-6781	17. INF		ian L. I	Address DeMari		e 8.5	
J		18. CAUSE OF DI PART I. DEA 4 9 3 Canditians, if any rise to immediat stating the unde	, which gave) e cause (a), (n (e). (b) and (c).)	on	ia					DETWEEN NO DEATH
0	CERTIFICATION	lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T										AUTOPSY ORMED?
	MEDICAL CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER) JRY Manth, Day, Year	20d. I While	Nat While	e. PLACE (OF INJURY (Hame, far street, affice bldg., etc	m, 20f. (City	ar fawn) ·	(Caunt	у)	(State)
		saw, the d	fy that (I) (this ha	spital) atten	ided the deceased fra	m that d	1	1965, ta 165 AM, frof	n causes a	nd an the	date st	I) (we) last ated abave.
1		22c. PHYSICIAN'S	ml(#	Ine	-	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED	46
/		NAME (Type	A. Clar	k Holme	es, M.D.			tt St. Upp	er Mai	rlboro	, Md.	
8	I	BURIAL, CREMATIC REMOVAL (Specify	7/27/		23c. NAME OF CEMETERY Washingt		Nat'l Ce	23d. LOCATION	Suitl	and	ounty)	(State)
3		Ritchie		per M	arlboro, M	d.	DATE AL	TO BY REGISTRAR		STRAR'S SIG	es Jus	dge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached for use as the burial-transit permit. The please remave carban papers. Pages 1 and 5 should be filed with the State Dept. of Health prior to burial, crematian, or removal of in any event, within 72 hours after death Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0337 CEPTIFICATE OF DEATH

7000	CENTITIO	CALL OF DEATH		-10328
1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceosed lived, if institution: Re	esidence before admission)
o. COUNTY Prince (George's MARYLA	o. STATE Mary]	Land b. COUNTY	Charles /
b. CITY OR TOWN (If outside corporate	limits, c. LENGTH OF STAY IN	1b c. CITY OR TOWN (If outsi	ide corporote limits, write RURAL on	d give neorest town)
write RURAL and give neorest town Clinton, Md.	7 Day	s Branc	dywine	16 +1
	(If not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Southern Maryla	and General Hospital	RIT.	2 . Box 209	YES NO
3. NAME OF	First Middle		4. DATE Month	Doy Year
(Type or print) ALBZ	ERT R.S.	DONALDSON	OF July	6 19 66
S. SEX 6. COLOR OR RAC	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9-19-1895	9. AGE (In years IFU lost birthdoy) Mon	NDER 1 YEAR IF UNDER 24 HRS.
Male White	WIDOWED DIVORCED		70 yrs.	
10o. USUAL DCCUPATION (Give kind of work during most of working life, even if retired)	done 10b. KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12. CITIZEN OF WHAT COUNTRY?
	D.C. GOV.		gton, D.C.	USA
13. FATHER'S NAME Tommet Donaldson		14. MDTHER'S MAIDEN NA		
	A CORNAL OF THE PLAN AND			
15. WAS DECEASED EVER IN U.S. ARMED FOI (Yes, no, or unknown) (If yes give wor or o	RCES? 16. SOCIAL SECURITY NO.	Margaret F. Don	aldson (Wife)	Same as # 2
	ne couse per line for (o), (b), ond (c).)	.)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	CAUSE (a) CONGESTIO	US HGART	FAILURE	ONSET AND DEATH
1 443X	DUE TO	M-2	Carron	3 400
Conditions, if ony, which gove trise to immediate couse (a),		ULAR ARTER	103CLEKOTE	12/22
stoting the underlying couse	DUE TO DISET	4 17	morney of	MOUDET 2M
lost.		SCULAR HO	FIGHTINE HART 1/2	19. WAS AUTDPSY
PART II. UTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CON	ONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	PERFORMED? YES NO
20o. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTION		URRED. (Enter noture of injury in Po	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Y	eor 20d. INJURY OCCURRED 2	Oe. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
p.m.	19 ot work ot work			
	s haspitol) ottended the deceased fi			, 19 that (I) (we) las
sow the deceased alive	on 7-6 19 66, ar	nd that death occurred at <u>6</u>		
220. SIGNATURE	IR Lapen n		AED. STAFF 22	2b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) /AL	FRED R. LAPIN.	M.D. 22d. ADDRESS SO.MD	GEN HOSP. (BEINTON, ME
23o. BURIAL, CREMATION, 23b. DA	ATE THEREOF 23c. NAME OF CEMETE		23d. LOCATION (City or Town)	(County) (Stote)
BEMOYAL (Specify) July	y 8-1966 Fort Linco	ln Cemetery	Bladensburg, M	Maryland.
24. FUNERAL DIRECTOR Bros	ADDRESS	2So. REC'D		AR'S SIGNATURE Judge
Simmons pros. 1661	L-Gd. Hope Road SE.	Wash. DO DATE	1 1966 gc	carley Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please cemave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10330

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CERTIFICATE OF DEATH

pet.		~							
) [PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)				
1	Prince G	eorge's		MARYLANI	o. STATE Marylar	nd	b. COUNTY Prince	George's	
	b. CITY OR TOWN	If autside carparate limit	5,	c. LENGTH OF STAY IN 16		utside carparate limits,	write RURAL and giv	/e nearest tawn)	
	write RURAL an	d give nearest tawn)		5 hours	1	l Heights		1/ 1	
	Cheverly	TAL OR INSTITUTION (If n	at in hasnital a		d. STREET ADDRESS	r nergiits		I e. IS RESIDENCE	
.,								ON A FARM?	
7		eorge's Gen				entral Aven		YES NO	
3.	NAME OF DECEASED		rst	Middle	Last	4. DATE OF	Manth	Day Year	
	(Type or print)		ohn	L	Durst, Jr.	DEATH	July	27 19 66	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In			
	Male	White	WIDOWED	DIVORCED [June 19, 1	1966	yrs.	Days Haurs Min.	
10 du	a. USUAL OCCUPATIO pring most af warking N/A	N (Give kind af wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY	PRINCE GEO	y & State, ar fareign count RGE COUNT		DUNTRY . S . A	
13	John L	. Durst, Sr			14. MOTHER'S MAIDEN		ER		
-				OCIAL SECURITY NO.	17. INFORMANT		SEANITES PLE	SANT MD.	
(es, no prunknawn)	ER IN U.S. ARMED FORCES? (If yes g <u>ive w</u> ar ar dates	af service)	OCIAL SECURIT NO.	JOHN L DURS				
	NO				BONIA E OOKS	11 3K.040	CENTRA		
		EATH (Enter only one co TH WAS CAUSED BY:	use per line for	1- \	1 2			INTERVAL BETWEEN ONSET AND DEATH	
	FAKI I. DEA	IMMEDIATE CAUSE	(a) /L	east Xa	whene		_ =	ONSET AND DEATH	
	154	O DUE	TO		1-11	X /	1	1 30 1 10 11	
	Canditions, if any		(b) /	ouven.	tal Rem	& oure	are		
	rise to immedia stating the under last.			1 100	baland	COLA			
	last. (c) CTT alogy of tall) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
. Z	PART II. OTHER S	IGNIFICANT CONDITIONS	ONIRIBUTING T	O DEATH BUT NOT KELATED	TO THE TEXPANYAL DISEASE CO	INDITION GIVEN IN PAK	1(0)	19. WAS AUTOPSY PERFORMED?	
4					,			YES NO	
CFRTIFICATION	OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II af iten	n 1B.)		
		URY Manth, Day, Year	20d. IN	JURY OCCURRED 20e	. PLACE OF INJURY (Hame, far	m. 20f. (City ar	tawn) (Co	ounty) (State)	
MEDICAL	Haur a.	m. 19	While at wark	Not While	factory, street, affice bldg., etc		1		
	21. I cert	ify that (1) (this ho	spital) attend	led the deceased fra	11 Jame 19,	19 66, to 2 M	2427, 19.	that (I) (we) last	
	saw the d	eceased alive and	Tuly 2	19 66, and	that death accurred a	11:15pM, fram	callses and an t	the date stated above.	
6	22a. SIGNATURE		11	11	ATTENDING	Auch cz		DATE SIGNED	
	M.	Kemail,	Mut	lu	M.D. PHYS.	MED. STA		/28/66	
	22c. PHYSICIAN' NAME (Type		al Mutl	u, M.D.	4900 Sil	ver Hill Ro	l. Suitla	nd, Md.	
2	Bo. BURIAL, CREMATI	ON. 23b. DATE TH	EREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	ity or Town)	(Caunty) (State)	
	REMOVAL (Specified BUR	1) 7 20			ROVE	FULTON	COUNTY	. ,, ,	
	24. FUNERAL DIRECTO	OR O		ADDRESS	~ 1 //	D BY REGISTRAR	2Sb. REGISTRAR'S	# D	
	Howar	2 7 2	one	Hancol	2 Mb DATE A	UG 2 196	6 yala	rely judge	
bE	6-200	206	- Complete Springer	Check Shells and Shells		.c	-	<i>y y</i>	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then place remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remover, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, Ox.e. board, and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

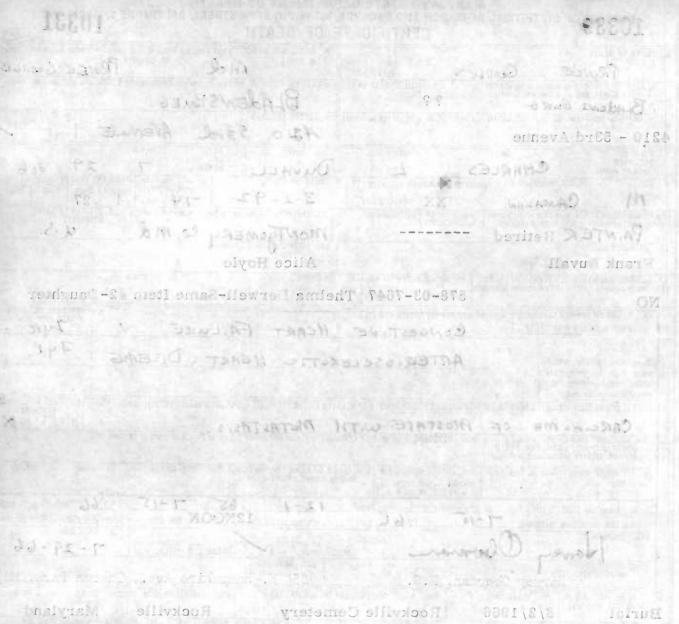
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VR A15 (4) 15M 4-64 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY	a. STATE Mel b. COUNTY PRINCE GEORGE
b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
OLAGENE BUY 0-	BLADENSBURG. 16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
4210 - 53rd Avenue	4310 53 rd AVENUE YES NOW
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) CHARLES L	OUVALL DEATH 7 27 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months I Days Hours Min.
M CANCAS AN WIDOWED XX DIVORCED	3-2-92 74 yrs. 4 27
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
PAINTER Retired	MONTGOMERY CO, Md U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Duvall	Alice Hoyle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address
(Yes, no, or unkown) (If yes give war or dates of service) 578-03-7647 Th	nelma Derwell-Same Item #2-Daughter
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CONGESTIVE	HEART FAILURE ONSET AND DEATH
1/3 00	7.0
	ROTIC MEART DISEASE 441.
gave rise to immediate (b)	COLO MONICI DISCUSCI
cause (a), stating the DUE TO	
underlying cause last.) (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CARCINOMA OF PROSTATE WITH	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA CARCINO MA OF PROSTAGE WITH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCU OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI Factor 20d. PLAI 20d. PLAI Factor 20d. PLAI 2	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
	12-1 1965 to 7-15 1964 that (1) (we) last
21. I certify that (I) (this hospital) attended the deceased from	13 00 10 10 100 1000
	death occurred at 2NO Oth the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED STAFF
Havey Wernen M.D	. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Harvey Oberman, M.D.	6854 N. Hampshire Ave., Takoma Park, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial (Specify) 8/2/1966 Rockville Cer	metery Rockville Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Mary	
200 200 200 200 200 200 200 200 200 200	Stand DATE AUG 2 1300



Pobert A. Pumpurey Ectiesda, Meryuad

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1034	n	CERTIFICATE	OF DEATH		10332
1. PLACE OF DEATH COUNTY Prince		MARYLAND	o. STATE Maryland	Where deceased lived, if institution: Res b. COUNTY Prince	e George's
b. CITY OR TOWN	(If outside corporate limits, nd give neorest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	itside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in h		d. STREET ADDRESS Route 2.	Pov 65	e. IS RESIDENCE ON A FARM? YES NO S
3. NAME OF	George's Genera	Middle	Lost	4. DATE Month	Day Year
(Type or print)	Thomas	s R	Dyson	OF July	31 19 66
S. SEX		MARRIED NEVER MARRIED E	B. DATE OF BIRTH	lost birthday) Mont	DER 1 YEAR IF UNDER 24 HRS. hs Doys Hours Min.
Male 10 VSUAL OCCUPATION during most of working 13. FATHER'S NAME	ON (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY	June 1, 190 11. BIRTHBOACE (County TARL 14. MOTHER'S MAIDEN I	& Stote, or foreign country) 12	COUNTRY?
(Yes, no, or unknown	VER.IN U.S. ARMED FORCES?) (If yes give war or dates of serv	577-07-91746	NFORMANT afferin	L. DysonAc	COKCEK, No INTERVAL BETWEEN ONSET AND DEATH
Conditions, if arrise to immedi stating the una	derlying cause (c)_	Augusting or	an accin	hulis	
PART II. OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	die terminal disease coi	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item 18.)	
Hour	NJURY Month, Doy, Year a.m. p.m. 19		CE OF INJURY (Home, form ory, street, office bldg., etc.		(County) (State)
21. I cer saw the	tify that (咚(this haspita deceased alive on	l) attended the deceased from	July 30 , t death occurred at	3:40A M, fram causes and c	19 <u>66,</u> that ¾ () (we) last on the date stated above b. DATE SIGNED
22a. SIGNATUI	Isalus M	Mi faurmi	D. ATTENDING PHYS.	MED. DIRECTOR PHYS. PL	8/1/66
22c. PHYSICIAI NAME (Ty	pe) Angus McL	aurin, M.D.	3415 Har	mitton St. Hyatts	, Md.
230 BURIAL, CREMA REMOVAL (Sport	HAUG.	11/1/ 000	TAN METH	D BY REGISTRAR 2Sb/REGISTRA	ARLOS Md.
	VFUNERACH	tome, Pomonkey	DATE AU	G 5 1966 Jelie	wells judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, cremation of repriraval, and in any event, within 72 haurs after deat Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66 AGULIE SO NGUTERRU IIVI LANCYUMA CURTE MATERIA INGULIA GENERARGET W. ET 20-000 ANT PERAND AGREGADE — ETELIO

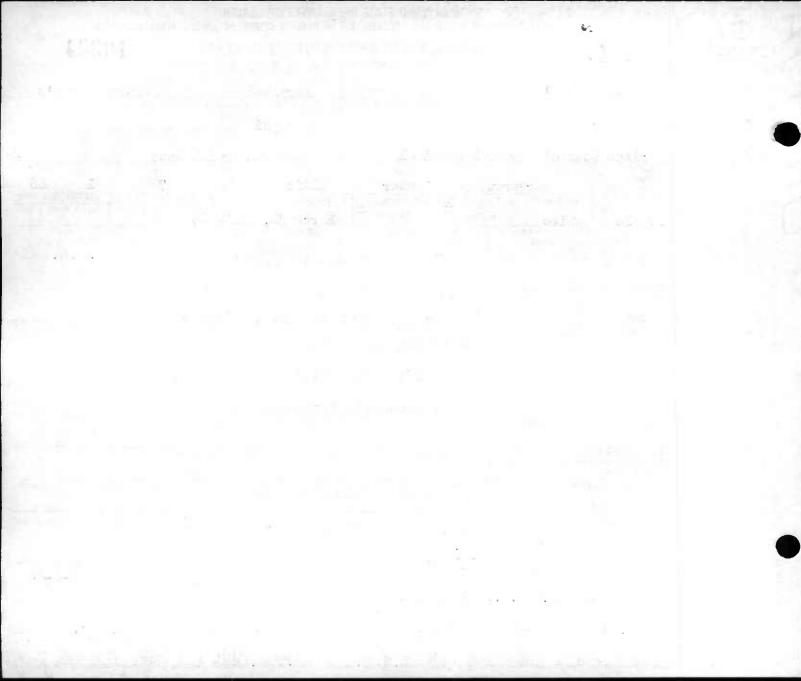
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William Angul December M.D. 1977 Horitage St. Mouten. Md.

AND PROPERTY OF THE PROPERTY O

9-8-MARYLAND STATE DEPARTMENT OF HEALTH tems 18&21 Film 380 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY P.M.3. Poge af deoth. Prince George's
b. CITY OR TOWN (If autside carparate limits, MARYLAND Maryland Prince George's delay Department c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) puo write RURAL and give negrest tawn) ofter DOA Cheverly Adelphi d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours State (Prince George's General Hospital Item 18. Give Pages 3200 Powdermill Road YES NO X be executed within 24 hours ofter death. with 3. NAME OF Middle Last 4. DATE Manth Day Year DECEASED OF DEATH the 1966 Ellis Margaret Hunter within (Type or print) alang with 1 IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Davs Haurs WIDOWED DIVORCED March 31, 1917 event female white 10g USHAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? any Housewife

13. FATHER'S NAME .⊑ Maryland II S 14 MOTHER'S MAIDEN NAME pencil farworded to the Chief Medicol Examine pog in a Dallas Ball and Marie Hunter 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give wor or dates af service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. removal. No Warren Ellis Same #2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute pulmonary edema 0 IMMEDIATE CAUSE (a) This certificate should certificate, writing the word cremation, DHE TO Canditians, if any, which gave Aspiration pneumonitis rise ta immediate cause (o). DHE TO 0 stating the underlying cause Acute alcoholic intoxication 0.5 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION prior to YES X NO 2Do EXTERNAL CALISE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should PRIMARY ar CONTRIBUTING should EXAMINER: CALISE OF DEATH. MEDICAL or its designoted ogent, 2Dc. TIME OF INJURY Month, Day, Year 2Dd INITIRY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (Stote) Haur a.m. While factory, street, affice blda., etc.) Not While moy be retained for your FUNERAL DIRECTOR: Page Poge ot wark at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X Inspection X ond in my opinion Notural courses 🖺 🖊 Accident 🗍 the funeral director. deoth resulted from: Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7-2-66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street, city, tawn, or caunty) BURIAL, CREMATION. 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (County) (State) 50 REMOVAL (Specify) 7-5-66 Wash. Memo. Cem. Hvattsville. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR ATSME Charle Wash DATE D 6M 1/66 Lee Funeral Home 300 Ath St.N.R.



b. COUNTY c. CITY OR TOWN (If gutside, corporate limits, write RURAL and give nearest town) a. IS RESIDENCE ON A FARM? NO YES Month Day Year 1966 July llth AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days Hours 12. CITIZEN OF WHAT SOUNTRY? Address Same as INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMEO? NO V 20f. (City or town) (County) (State) 22b. OATE SIGNED 7-11-1966 STAFF PHYS. 23d. LOCATION (City, town or county) (State) REC'O BY REGISTRAR

VR A15 (4) 20M 1/65 REMOVAL (Specify)

EUNERAL DIRECTOR

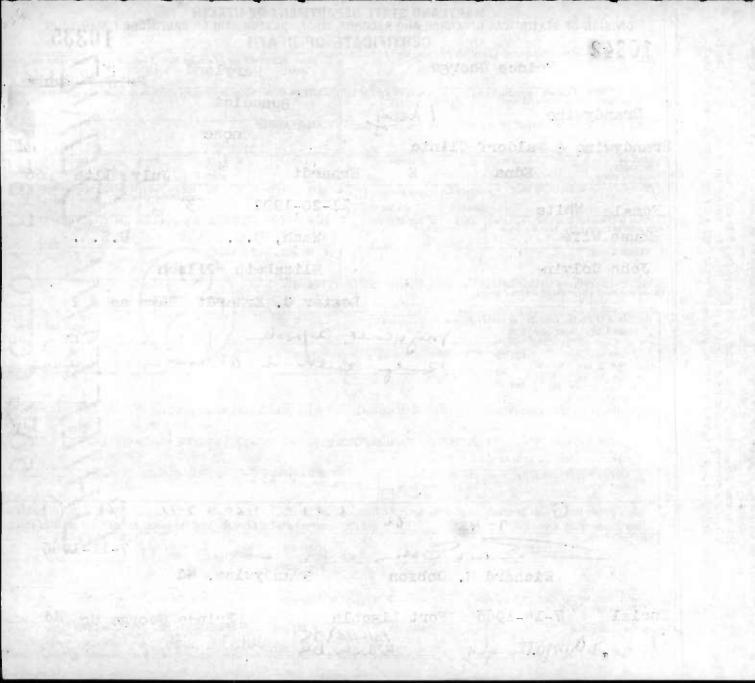
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Fort Lincoln

AODRESS

Burial

24



DIVISION OF STATISTICAL RESEARCH AND RECORD PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporete limits, write RURAL end give neerest tow) write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Marlboro Heights XXXX Marlboro YES NO NO 3. NAME OF Middle DECEASED OF (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BURTH lest birthday) WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIJTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ann Virginia J. Edward Flynn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Same as Item #2 Mrs. Arabelle D. Flynn Unknown 18. CAUSE OF DEATH |Entar only one ceuse per line for (a), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from I III, 19 (we) last to. 19.6., and that death occurred at 7.5.M, from the cause and on the date stated above. saw the deceased alive on...... 22a SIGNATURE DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 226. PHYSICIAN'S 22d. ADDRESS NAME (Type) Clark Holmes. M. D. Upper Marlboro, Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Our Lady of Sorrows Catholic Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE

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VR A15 (4)

Ritchie Bros. Upper Marlboro, Md.

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Seme as Isom #2 213-12-1605 and Arabelle V. Flynn

A. Clark Folmes, N. D. Upper Landboro, Maryland

Buriel 7/27/60 Councile Cometery Oversyille, 1d. ...

Ritchie Eros. Upper Markboro, Mas

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		10344 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	10337
EALTH DEPT. ≅₽₿ ७년		PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Resido. STATE b. COUNTY Maryland Prince	George 's
delay is and 3 ta A3. Page Iment of		b. CITY OR TOWN (If outside carparate limits, urite RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and c	give neorest town)
th. It any delay ges 1, 2, and 3 1 farm PM3. Pa ote Department hours after deat		Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ges 1, farm farm ote De hours		Prince George General Hospital NAME OF First Middle	Rt. 1, Box 4	YES NO
r death		DECEASED (Type or print) William Henry	Last 4. DATE Month. OF DEATH 7	Doy Year 31 19 66
s affer of 18. Give olong volong twith the twithin the twind the twithin the twithin the twithin the twithin the twithin the twithin the t		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 16 March 1906 9. AGE (In years lost birthdoy) Months	ER I YEAR IF UNDER 24 HRS. S Doys Hours Min.
24 hours I in Item 1 er's Office ges lond 2 ony event	100	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12.	COUNTRY?
within 24 n pencil in Exominer's File poges and in ony	13.	Saoml Ford	14. MOTHER'S MAIDEN NAME Brown	
executed vending" in f. Medical Exit permit. Fi			INFORMANT PINKNEY REPORTED BO	Manyland
should be exc ne word "pend o the Chief Me burial-transit pe motion, or rem		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Shock		INTERVAL BETWEEN ONSET AND DEATH minutes
should e word o the Cl ourial-tra notion,		8/94 DUE TO From laceration		minutes
0 + - 0		(conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. (c) (b) From fracture of DUE TO (c)	skull	minutes
writt orwor used burio	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
INEK: This e certificate should be files. 3 should be nt, prior to	L CERTIFICATION	PRIMARY Sor CONTRIBUTING	. (Enter noture of injury in Port I or Port II of item 18.) which struck bridge abuttment	•
Am the	MEDICAL		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 881 at Prince Geo. & Charles C	County (Stote)
execute or. Poge of for yell care poge of yell care poge of for yell care poge of yell care poge		21. I certify that I took charge of the remains described above, h	neld on Autopsy 🔲, Inspection 😿, Inquiry	, ond in my opinio
y men , pleose ol direct s retoine AL DIRE its des		ACTUAL SIGNATURE APPLIES Rehay	icide, Homicide, Undetermined monner [22. DATE SIGNED
T SS T A T		EXAMINER'S NAME (Type) Down Kehoe, M.D. Riverdale, Mo		8-1-66
To En	X.	REMOVAR (SOCIETY OR STEEL OF CEMETERY OR STEEL OR STEEL OF CEMETERY OR STEEL OF CEMETERY OR STEEL OF CEMETERY OR STEEL OR S		(County) (Stote) as Co. Md. S SIGNATURE
VR A15ME (5)	1 2	Martin (Idams) (laurasco.	M. Allo a loop on	1. 1 0 .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove Carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
10338

	a. COUNTY		Georges	MARYLAN	a. STATE Me	ryland	b. COUNTY	Prince	Georges
	b. CITY OR TOW write RURAL Forest	N (If outside cor and give nearest ville	porate limits, t town)	c. LENGTH OF STAY IN	c. CITY OR TOWN (If outside corporate			
1			UTION (If not in	hospital, give street addr	ess) d. STREET ADDRES	S		0	. IS RESIDENCE
				ative Center	. ,	fton Stre	et	Y	ON A FARM?
	3. NAME OF DECEASED (Type or print)		First MAR IE	Middle B	Last FREEMAN	4. DATE OF DEATH	Month July	Day 26	Year 1966
1	5. SEX	6. COLOR OR RA	ACE 7. MARRIE	NEVER MARRIED	8. DATE OF BIRTH	9. AGE			IF UNDER 24 HRS.
	Female	White	WIDOWEI		1-25-1909	57	10001	ths Days	Hours Min.
	Retired .	 Princip 	work done 10b. etlred)	KIND OF BUSINESS OR INDUSTRY Chool	West V	County & State, or for		COUNTRY:	?
	13. FATHER'S NAM	IE			14. MOTHER'S MA	IDEN NAME			
	Phillip	S. Burbr	idge		Emily 1	Ringer		11-1	
	15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMI	ED FORCES? 16	S. SOCIAL SECURITY NO.	17. INFORMANT		Address		
-	(163, 110, or unkowit)	(11)es give was or u	ates of service)		Judy Ann Free	man 7301	Grafton	Stree	t
		EATH WAS CAUSE	D BY:	line for (a), (b), and (c).]	al sol	112 9	10		RVAL BETWEEN
	5711	IMMEDIATE CA		3	and the		2100	1	LA
Н	Conditions, If		DUE TO CO	1. te	Montan	rent	te	1 2	7- Km
	gave rise to	Immediate (DUE TO 2	D	1			-	
Н	cause (a), s underlying caus	tating the	(c)	Inece	monet	rs			
	PART II. OTHER	SIGNIFICANTCON		BUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	L DISEASE CONDITIO	N GIVEN IN PART	T1(a) 19.	WAS AUTOPSY PERFORMED?
2	mod Co	lone	re an	sin don	isse from	Carlon	Tet Va	sign YE	
	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYIN ING CAUSE OF TIFY MEDICAL EX	G 20b. DEATH (AMINER)	DESCRIBE HOW INJURY	OCCURRED. (Enter nature	of Injury in Part I	or Part II of ity	m 187 mg	ago.
		INJURY Month, I			. PLACE OF INJURY (Home,		or town)	(County)	(State)
	20c. TIME OF Hour a.i		19 While at wo	e - Not while -	factory, street, office bldg.,	, etc.)	1.1	11	
-1				ded the deceased from	19/29/	1966 to 7	1.16/	197/1. th	at (I) (we) last
-		ceased alive on	- 12		that death occurred at		he causes and	0-,	
П	22a SIGNATU	RE .	W	1 1		1/1	22	b. DATE SIG	
	1/01	un	Anto	Duckin	M.D. PHYS.	MED. DIRECTOR P	HYS.	7/26	106
	122c. PHYSICIA		[MI	INCHIN	22d. ADDRESS	MARI	BORE	6 PIV	KESE
	23a. BURIAL, CREM REMOVAL (Sp.	MATION, 23b. Di	ATE THEREOF		TERY OR CREMATORY	23d. LOCATI	ON (City, town o	or county)	(State)
	REMOVAL (SP Burial		0-66	Washington		Suit1			land
3	24. FUNERAL DIRI	Will	relin 7	Len House See	68 DATE J	UL 28 19	66 FEGIS	TRAR'S SIGN	usge
8	1 over 6	will	ucu a	See See	Maul Kd DATE J	OF 70 10	77		1

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit The pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal and in any event within 72 hours after death.

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Items 18&21 Film 380 8 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10346 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
11339

		7								
1.	PLACE OF DEATH	4			2. USUAL RE		e deceased lived, If In	stitution: Resi NTY	dence bef	ore admission)
		inaa Caama	ofo	MARYLANI				nce Geo	reel	S
-	h CITY OF TOW	rince George	la limite	c. LENGTH OF STAY IN		OWN (If outside	corporate limits, wi	rite RURAL er	nd give n	earest town)
	Write RURAL	N (If outside corpora and give nearest tow	n)	C. LENGTH OF STAT IN	C. OIII OK	onn (ii oatside	oorboines illines il			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Clinto	n		DOA	Clin			16	-/	
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (If not I	n hospitel, give street addre	ss) d. STREET AL	DDRESS			e. 1S	RESIDENCE N A FARM?
	Clinton	Medical Cer	nter		5711 A1	len Driv			YES	
3.	NAME DF	FI	rst	Middle	Last	4. D/	ATE Mont	th	Day	Yeer
	(Type or print)	Eva		Lanell	Gallow	OF DI	EATH 7		11	19 66
5.	SEX	6. COLOR OR RACE	7. MARRI	ED X NEVER MARRIED	8. DATE OF BI	RTH	9. AGE (In yeers last birthdey)	Months D		OUTS Min.
	male	White	WIDOW		25 Oct.		43 yrs.			
10a	USUAL OCCUPAT		done 10t	NIND OF BUSINESS OR	11. BIRTHP	LACE (State or 1	foreign country)	12. CITI	ZEN OF I	WHAT
duil	Housewij		u)	INICOUNT	N (C		11	SA	
13.	FATHER'S NAM				14. MOTHER	S MAIDEN NAM	IE		-	
	Robert 1	L. Kellam			Beec	ie Hagan		22 00	1000	
15.		EVER IN U.S. ARMED FO	ORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT	Le magan	Addre	SS		
		(If yes give war or dates				0-11-	C711 A1	D C	1	367
					Joseph M.	. Gallow	5711 Alan	Dr. C		
				er line for (a), (b), end (c).]						AL BETWEEN AND DEATH
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) M	yocardial inf	arction -	- recent			311021	
	420	1	(a)							
	Conditions, If	any which \	m	hrombosis - A	nterior	descendi	ng corons	עיינו		
	gave rise to	Immediate	(6)	HI OHIOODID - N	TOT TOTAL		- COLONO			
	cause (a), s		TO			artery		100		2-17-16
	underlying cau	se last.	(c)						1	
NO	PART II. OTHER	SIGNIFICANT CONDITI	ONS CONTR	RIBUTING TO DEATH BUT NOT I	RELATED TO THE TER	RMINAL DISEASE	CONDITION GIVEN IN	V PART 1(e)		AS AUTOPSY ERFORMED?
ATI									YES I	
FIC	20a. EXTERNA	L CAUSE WAS	201	DESCRIBE HOW INJURY	CCURRED. (Enter n	neture of Injury	In Part I or Part II	of Item 18.)	-	
MEDICAL CERTIFICATION	PRIMARY OF OF DEA	CONTRIBUTING [200							
AL C		INJURY Month, Day,	Year 20	d. INJURY OCCURRED 20e.	PLACE OF INJURY		Of. (City or town)	(Coun	ty)	(State)
DIC	Hour a.			4	actory, street, office	e bldg., etc.)				
ME		m. 19		work Not While			🗀 :			
	21. I certif	y that I took charg	e of the	remains described above,	held an Autopsy	$ \mathbf{x} $, inspe	LAU	ulry [30],	and In	my opinion
	death resul	ted from: Natura	Lcauses	X, Acordent .	Suicide,	Homicide	, Undetermine	d manner (
		1/	P			MEDICAL EXAM				
	ACTUAL SIGNATURE	1 leter	11	w	M.D. ASSIST	TANT MEDICAL E	XAMINER		22.	DATE SIGNED
	SIGNATURE	1	1			Y MEDICAL EXA				
	EXAMINER'S	ohn Kehoe,	M.D.	Riverdale,	Md . Addres	s (Street, city,	town, or county)	7	-12-	66
232				23c. NAME OF CEME	2.00		. LOCATION (CIty,			(State)
	BURIAL, OREI	egify) Tu 137		966 Arlington	National	Α.	rlington V	a.		
	, FUNERAL DA		1-T, 1	ADDRESSuit		25a. REC'D BY	REGISTRAR 25b.	REGISTRAR'S	SIGNATI	URE
					Laile 141	1111 1	8 1966 4	Charle	y Ju	dge
K	obert E.	withelm Fu	neral	Home 4308 Sui	tland Rd.	DATE			4	4

VR A15ME 3500 4-64 The second secon other to busy was located the fall of State

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician-and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cannow carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10347
CERTIFICATE OF DEATH
10340

1.	PLACE DF DEATH	H /					SIDENC	E (Where o	deceased lived, If		sidence	before admission)
30		Prince Ged	rge	MARYLAN	ND I	a. STATE	Mam	vland	b. CO	- 0	nne	George
	b. CITY OR TOW	N (If outside corporat	te limits.	c. LENGTH OF STAY IN		c. CITY OR TO			orporate limits,	write RURAL	and giv	e nearest town)
	WITTE RURAL	and give nearest tow		1 yr.8 Me	os		Oxo	n Hil	1		11.	1
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not In hos			d. STREET AD	DRESS				0.	IS RESIDENCE
	Sacred	Heart Home	е			5766 2	2nd S	Stree	t. S.E.		Y	ON A FARM?
3.	NAME OF DECEASED	Fi	rst	Middle		Last		4. DATE		1th	Day	Year
	(Type or print)		erine	English	(Garvey		OF DEAT	TH July		4	19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED			. DATE OF BIR	RTH	1	AGE (In year	S LIFTINDER		FUNDER 24 HRS.
]	Female	White	WIDOWED X	DIVORCED [51.	July 8,	1883	2	last birthday	Months	Days	Hours Min.
10a	a. USUAL OCCUPAT	ION (Give kind of work	done 10b. KIN	D OF BUSINESS OR					te, or foreign count	try) 12. C1	TIZEN C	F WHAT
	Housewi	.fe				Irel	and					States
13	. FATHER'S NAM					14. MOTHER	S MAIDI	EN NAME				
		Will:	iam Engl	ish					Marga	ret Ah	ea m	
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. SC		17.	INFORMANT			Addi		Cari	
(11		(It yes give war or dates o		7-96-1006	Sai	anod Hos	and I	Jome	U	277 - 1		7 1
-	NO 18. CAUSE OF I	DEATH [Enter only on	e cause per line	7-26-1886	Dai	cred nea	II U I	Tome,	nyattsv	lile,	INTER	VAL BETWEEN
		ATH WAS CAUSED BY								3.00		T AND DEATH
		IMMEDIATE CAUSE	(a) Aden	o Carcinoma	2 0	the Co	lon				_19	months-
	1538	DOE	то									
	Conditions, If a		(b)									
	cause (a), st		TO									
-	underlying caus		(c)									
TIOI	PART II. OTHER S	IGNIFICANTCONDITIO	INS CONTRIBUTI	NG TO DEATH BUT NOT	RELAT	ED TO THE TERM	MINALDI	ISEASE CO	NDITION GIVEN I	N PART 1(a)		WAS AUTOPSY PERFORMED?
ICA											YES	
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING DING CAUSE OF DEATHER MEDICAL EXAMIN	7H 20b. DE	SCRIBE HOW INJURY	OCCUF	RRED. (Enter na	ture of	injury in i	Part I or Part II	of Item 18.)		
				1101/ 0001100100				1 222				
MEDICAL	20c. TIME OF I	NJURY Month, Day,	While			E OF INJURY (H y, street, office)			(City or town)	(Cour	ity)	(State)
ME	p.n		at work	Not While at work								
	21. I certify	y that (!) sticks income	dixik attended	the deceased from	_No	ov. 23	, 16	4 to	July 4	, 19.66	, tha	t (I) form last
	saw the dec	ceased alive on	July 4	19.66, and	that					s and on th	e date	stated above.
	22a. SIGNATUR	RE	7/	0 00.						22b. DA		
	0	momas	TC	allino	M.D.	ATTENDING PHYS.	KX D	IED.	STAFF PHYS.	77.	- 4	1966
	22c. PHYSICIA NAME (Ty					22d. ADDR	ESS	1152.00		- Jul.)	4 9	1300
	WAINE (1)	Thomas I	Colli	ns, M.D.		322 H	St.	N.E.	Washin	gton, I	C.	
238	BURIAL, CREM	ATION, 23b. DATE T	HEREOF	23c. NAME OF CEME	TERY				OCATION (City,			(State)
	Burial		7,1966	Mount 01	ive	t		Wa	shingto	on, D.	C.	
24	. FUNERAL DIRE		Soll.	^ ADDRESS	794	25	a. REC	D BY REG	ISTRAR 25b.	REGISTRAR'S	SIGNA	
F:	rancisJ	.Collins	3821-14	thStNW W	ash	DC DA	TEJU	L	1966	Jacan	er)	udge
											100	

VR A15 (4) 20M 1/65 HERE.

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Thomas F. Collins, M.D. 322 H St. M.H. Vasminsten, D.C.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10348

CERTIFICATE OF DEATH

10341

7 2 3		
2	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
100	o. COUNTY Prince George's MARYLAND	o. STATE Maryland b. COUNTY Prince George's
	b. CITY OR TOWN (If outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give pegrest town) Hyattsville, Md.	Landover, Md.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Madison Manor Nursing Home	6442 Old Landover Road ON A FARM? YES NO 🗵
	3. NAME OF First Middle	Lost 4. DATE Month Doy Year
	DECEASED (Type or print) Anna G.	Gates OF July 31, 1966.
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In the second of the secon
	female white WIDOWED TO DIVORCED	June 21, 1886 80 yrs.
	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired) NDUSTRY Own Home	Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Ignatius Penn	Unknown
	(V	7. INFORMANT Address
	(Yes, no, or unknown) (If yes give wor or dotes of service) none	Porothy Scoggins Landover, Md.
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	Minterval Between
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lue fort farmer 2 mist AND DEATH
	4200 DUE TO ANTIMEN A	Master Weather Valla
	Conditions, if ony, which gove) (b)	acjoo ac gen no vogis.
1	rise to immediate couse (o), stating the underlying couse	the orthanin Wurth
	last. (c) Ce ac Ce Ce	no more
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
	ATIC	YES NO ⋤
		RED. (Enter noture of injury in Port I or Port II of item 1B.)
	20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	Hour o.m. p.m. 19 While of work of work	foctory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	1963, to 1963, 1966, that (1) (we) last
		that death accurred of 7AM, fram causes and on the date stoted obove.
	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
,	- 10 Mille 1000	M.D. PHYS. DIRECTOR DPHYS. D 8-1-6 B
	22c. PHYSICIAN'S NAME (Type) L W M2/1H M	D 22d. ADDRESS willadde, Mil
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR EREMATURY 23d. LOCATION (City or Town) (County) (Stote)
7	Burial Specify ug 3, 1966 Ft Lincoln	
0	24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville, M	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after degits. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10010

FOR STAT			10343	MEDICAL	EXAMINER'S	CERTIFICATE C	OF DEATH	10342	
HEALTH DE	PT.	1.	PLACE OF DEATH a COUNTY					tion: Residence befare admission)	
3 to Page			Prince George!	S	MARYLAND	o. STATE Maryland	b. COU	Howard	
f any deloy 1, 2, and 3 tm PM3. Pag Department	de.	Г	 b. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) 		GTH OF STAY IN 16	c. CITY OF TOWN (If o	utside carporote limits, write RU	IRAL ond give neorest town)	
PM3.	after	L	Riverdale		DOA	Laurel		13 2	
1, 2, m P	. D		d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give stree	t address)	d. STREET ADDRESS		e. IS RESIDENCI ON A FARM?	E
for te	yours 99	L	Leland Memorial Hospi	tal		1505 Scag	gsville Road	YES NO	X
ofter death 8. Give Pogalong with with the Sto	2	3.	NAME OF First DECEASED		Middle	Lost	4. DATE Mon	th Doy Year	
offer de 8. Give F along wi with the	within 72	Ļ	(Type or print) James	Elme		son Jr.	DEATH "	7 6 1966	
offe 3. Galon alon with	×i±			4	EVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours M	HRS. Ain.
hours tem 18 Office		_	IGEO HILLOG	WIDOWED	DIVORCED	11-19-1938	27 yrs.		
hours Item 1 Office	eve	du	. USUAL OCCUPATION (Give kind of work done ing mast of working life, even if retired)	10b. KIND OF BI	USINESS OR	11. BIRTHPLACE (Stote	3 //	12. CITIZEN OF WHAT COUNTRY?	
2 E L S	any		FATHER'S NAME	buildin	ng	Lonaconin	ng, Maryland	USA	
+	.⊆					The mother's motion			
	and		Elmer Getson WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SI	CURTY NO 17	Bertha E	Bittinger Addr		
		()	es, no, or unknown) (If yes give wor or dotes of se						
d be executed d "pending" ii Chief Medical transit permit.	cremation, or removal,	-	10 CANSE OF DEATH (False only one course			rs.Sally (<u>ietson</u> La	urel, Md.	N1
"pen "pen nief A	9		18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:	T	ond (c).) ion of bra	in		ONSET AND DEATH	
should be e te word "per to the Chief I burial-transit	١, ٥		9125 IMMEDIATE CAUSE (o).		acture of			minutes	
should e word the Ch	tion		Conditions, if ony, which gave) (b)	From Ir	acture of	SKULL		miliaces	
the to	ome		rise to immediate couse (o),						
ficate ing the ded	5		stating the underlying couse (c)						
s certificate should e, writing the word forwarded to the Cl used os o burial-tra	burial,		PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY	
	to bi	MEDICAL CERTIFICATION						PERFORMED? YES NO	€
F .0 9	+	FE	20a. EXTERNAL CAUSE WAS PRIMARY ☑ ar CONTRIBUTING □	20b. DESCRIBE H	OW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)		بحد
INER: T e certific should b files. 3 should	prior	CER.	CAUSE OF DEATH.	Fell 20	feet from	hoist.			
	designated ogent,	DICA	20c. TIME OF INJURY Manth, Day, Yeor Hour o.m.	20d INJURY OC	CURRED 20e. PLA	CE OF INJURY (Home, forn	n, 20f. (City or town)	(Caunty) (State)
(AN)	60/6	ME		While of No	t While 1051	tory, street, affice bldg., etc. 1 Tucker St.	reet. Beltsvil	le. Md.	
execute or. Poge of for your	ted		21. I certify that I taak charge o					uiry , and in my opin	nian
exercion. Por for for for for for for for for for f	igno		death resulted from: Natural	guses []/ A	cident Suic	ide 🔲, Homicide			
MEDICA please ex director.	des		ACTUAL / EM	P	2/2 -	CHIEF MEDICAL	EXAMINER		
Ple ple	<u>;</u>	П	SIGNATURE	7/15	211		DICAL EXAMINER .	22. DATE SIGN	IED
SSORY, Franciscopy be removed by be removed.	0 2		EXAMINER'S John Kehoe, M	D. Rive	rdale, Md.		AL EXAMINER 🔀	7-6-66	
TO DEPUTY MEDICAL EXAMINATE TO DEPUTY MEDICAL EXAMINATION OF The funerol director. Page 4 st 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3	TION TO THE	22	BURIAL, CREMATION, 23b. DATE THEREO		NAME OF CEMETERY OR		t, city, tawn, ar county) 23d. LOCATION (City or To		
TO DI nece the 5 m c	是人	123	REMOVAL SECTY) 7-9-66		ak Hill Cen		Lonaconing	own) (County) (Stote) . Marvland	
	n	1	FUNERAL DIRECTOR		ADDRESS			EGISTRAR'S SIGNATURE	
VR A15ME 6M 1/6	(5)		George Eichhorn			Id. DATE JI	JL 11 1986	Charles Judge	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after degree.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
10350	ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL' CERTIFICATE OF DEATH	10343

1. PLACE DF DEAT a. CDUNTY	TH .				2. USUAL RESIDENCE	CE (Where d			sidence before ad	mission)
a. CDUNTI	Prince Ge	orga	MARYLA	ABID	a. STATE	rvland	b. COUN'		. Geo.	
b. CITY DR TDV	VN (if outside corpora Land give nearest tov		LENGTH DF STAY		c. CITY DR TDWN (If	outside co	orporate limits, wri	te RURAL	and give nearest	t town)
Oxon I		yn)			Oxon	H4 1 1		1	4 . 1	
d. NAME OF HO	SPITAL OR INSTITUTIO	ON (if not in hospit	tal, give street add	dress)	d. STREET AOORESS				e. IS RESI	
The second second	-Kimberly		111 111.		5509K	imberl	ly Dr., S.	E.	YES	-
3. NAME OF DECEASEO		irst	Middle		Last	4. DATE	Month		Day Yea	r
(Type or print)	AN.	NA	E.		GLICK	DEAT	rh July	30th	19	66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	7 8	. DATE DE BIRTH	9	age (In years last birthday)			
Female	White	WIDOWED	OIVORCED		Apr. 30, 18	880	86 yrs.	Months	Days Hours	Min.
	TION (Cive kind of work king life, even if retire	done 10b. KIND	OF BUSINESS OR		11. BIRTHPLACE (C		e, or foreign country)	12. CI	IZEN OF WHAT	
	ung me, even m reture 190wife	id) INOUS	SIRT		Washing	ton.	D. C.	COL	USA	
13. FATHER'S NAM					14. MOTHER'S MAIC	DEN NAME			004	
Will	iam Woods				Eliza	hoth	Cattell			
15. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16. SOC	IAL SECURITY NO.	17.	INFORMANT	pecn	Address	s		
(Yes, no, or unkown)	(If yes give war or dates of	of service)			-	9.	T4-	40		
1 10 081105 05	DEATH CE-1		- 7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		ace Merryman	n Di	ame as Ite	m #2	MITTOWAL DET	DAVE CRI
	DEATH [Enter only on EATH WAS CAUSED BY	. 4	4.1		1				INTERVAL BET ONSET AND D	EATH
TAKT I. O	IMMEDIATE CAUSE	(a) C D Y (mary The	on	bosis					
420	DUE	то		, -	0 -	0				1
Conditions, If		(b) A the	ero sclet	oli	c Cardio Vi	usund	as disea	u	onlyea	γ'
cause (a), s		TD g	,							
underlying cau		(c) of d	. agl							
PART II. OTHER	SICNIFICANTCONDITI	ONS CONTRIBUTING	C TO DEATH BUT NO	TRELA	TEO TO THE TERMINAL	OISEASE CO	NOITION CIVEN IN F	PART 1(a)	19. WAS AU	
ICA.										NO 🗌
☐ DR CONTRIBUT	WAS UNDERLYING THE	TH	RIBE HOW INJURY	Y OCCU	RREO. (Enter nature of	f Injury In I	Part I or Part II of	Item 18.)		
	TIFY MEDICAL EXAMI									
20c. TIME DF Hour a.	INJURY Month, Oay,			e. PLAC	E OF INJURY (Home, fa	arm, 20f.	(City or town)	(Cour	ty) (S	tate)
₩ P.	m. 19	While at work	Not While at work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
21. I certi	fy that (I) (this hos	oital) attended t	he deceased fro	m	SepT. 1 ,1	96 C to	hely 20	. 1960	2. that (I) (w	e) last
		uly 20			death occurred at-					
22a. SIGNATU	IRE	/				-			TE SICNED	
2.2.	Linue Doll	m		M.O.	ATTENDING PHYS.	MEO. OIRECTOR	☐ STAFF ☐	30 Ju	ly 1966	
22c. PHYSICI, NAME (T	(near)				22d. AODRESS					
INAME (I	Dr. Eti	enne Szol	losi		#2 Parkwa	t Dr.	SE, Fore	st Hg	chts Md.	
23a. BURIAL, CRET REMOVAL (Sp	MATIDN, 23b. DATE		c. NAME OF CEN		OR CREMATDRY		OCATION (City, to)			ite)
Buris	1 Aug. 21	nd 1966	Congress	ion	al Cem.	1	ashingtor	, DC		
24. FUNERAL DIR	ECTOR Bris.		AOORESS				ISTRAR 250. RE		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	
Simmons Br	cos1661-G	ood Hope	Rd SE Wa	sh :	DC OATE	AUG	2 1\$56	pelia	rles Jud	ge.

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(and	Series (Frince George
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	weeks beauty Dr.,	- L. L	Colon
	eing XOLO		
	Apr. 90, 1990 BK		r
	the fireton, D. C.		elivetual
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A comme direct -1001-1004 No. 31 At 31 At 5001-1001-1001 Street

Wronington, DC

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST	TATE		TOOOT	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	111344
EALTH	DEPT.		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if	
oy is 3 to Page	明月	15	o. COUNTY Prince George's	MARYLAND	Maryland Pi	cince George's
deloy is and 3 to 13. Page	partment of after death		b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 16 -	c. CITY OR TOWN (If outside corporate limits, wi	rite RURAL ond give neorest town)
2, and PM3.	irtm ter		write RURAL and give nearest tawn) Cheverly	DOA	District Heights	= 16-1
	epo s af		d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street address).	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
es 1, farm	hate Der	791	Prince George Gener	al Hospital	7922 Lansdale Street	YES NO X
	22	1	3. NAME OF Firs		Lost 4. DATE	Month Doy Year
after death 8. Give Pag along with	with the Sh) [DECEASED (Type or print) Walter	Stanley	Gomm OF DEATH	7 21 19 66
Gio.	A P		S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In your lost birthe	
18. le al	2 v		Male White	WIDOWED DIVORCED	11 Aug. 1928 37	Yrs.
haurs Item 1 Office	and 2 event		10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT
24 in I			Sterotyper	Newspaper	Maryland	COUNTRY? U.S.A.
nic line	pages in any		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
within 24 in pencil in Examiner's	0 0		Alfred Gomm	A STATE OF THE STA	Unknown	
ed in E			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of		INFORMANT	Address
pending" pending"	a burial-transit permit. crematian, ar remaval,		(, 10.)	1	illian R. Gomm 7922 L	ansdale Street
end	it pe		18. CAUSE OF DEATH (Enter only one coust PART I. DEATH WAS CAUSED BY:	e per line for (o), (b), and (c).)		INTERVAL BETWEEN
be in	ans		IMMEDIATE CAUSE (1 Laceration of bra	ain	ONSET AND DEATH
vard vard	burial-transit matian, ar re		8/3 4 DUE T			
sho sho	buri	V		From multiple fra	actures of skull	min.
ate g th	o co		stoting the underlying couse DUE I	0		
ertificate shauld writing the ward rwarded ta the Ch	used as burial, c			ATDIRUTING TO DEATH BUT NOT DELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY
	used		PART II. OTHER SIGNIFICANT CONDITIONS CO	NIKIBUTING TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?
This icate, be fa	age 3 shauld be agent, priar to	0	200. EXTERNAL CAUSE WAS PRIMARY 25 or CONTRIBUTING CAUSE OF DEATH	30P DESCRIBE HOW INNIBA OCCURRE	D. (Enter nature of injury in Port I or Port II of item	YES NO 2
= -	shauld it, priar		PRIMARY OF CONTRIBUTING CAUSE OF DEATH.			
INER: e certif should	sho sho		20c. TIME OF INJURY Month, Doy, Yeor	Operator of a mo	torcycle which was stru	ck by an automobile
the 4 s	ge 3	16	20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. Pl While Not While	L 800 ft. west of Sha	The Het (Sunty) Md. (Stote)
ute age	- D		110:150mp.m. 7-21- 17 (of the service development	4. 800 It. West of Sha	dyside Avenue,
AL exec	OR:				neld an Autapsy , Inspection ,	
Se escription	ECT Sign		death resulted from: Natural	Accident St. Su	icide , Homicide , Undetermin	ed manner
MEDIC please e l director	L DIRECTOR: Points designated		ACTUAL	Kohao	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
UTY, present		2	SIGNATURE	11214	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
DEPUTY scessary, per funeral	FUNERAL DIRECTOR: ealth ar its designate	0	NAME (Type) John Kehoe, 1	M.D. Riverdale. Md	-	7-22-66
0 0 0 8	FUNERA Health ar	-	230. BURIAL CREMATION, 23b. DATE THER	REOF 23c. NAME OF CEMETERY O		
2 = = 4	10 He		Burial 7-25-6	6 Peacove Cem		
			24 FUNERAL DIRECTOR	ADDRESS ADDRESS	2So. REC'D BY REGISTRAR 2	Sb. REGISTRAR'S SIGNATURE
VR A	15ME (5)	- 1	witherm raneral Home	4300 Suitiand Rd S	uitland will 25 10cm	15000

1034				801
2 w 11 15 1			Established in	Hall Cal
		La Production Comment	Dam O make	
		nutries and	Transfer III	
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	ta No cesa to Tale tale Tale tale Tale tale			

d within 24 hours arret usum. in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours after death. If

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form

necessary, please execute the certificate, writing the word "pending"

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/66

FOR STAN HEALTH DEPT.

Land 2 with the State Deportment of exert within 72 hours ofter death. 5 moy be retained for your files.

TO FUNERAL DIRECTOR: Poge 3 should be used as a burial-transit permit. File pages. Health or its designated agent, prior to burial, cremation, or removal, and in any

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1035	52	MED	ICAL EXAMI	NER'S	CERTIFICATE C	F DEATH	10	1345	
PLACE OF DEATH G. COUNTY					2. USUAL RESIDENCE (Where deceased lived, if inst	titution: Residen	ce before odmis	ssion)
	cince George	a te	MAF	RYLAND	Maryland			eorgels	
b. CITY OR TOWN	(If outside corporate limit	rs,	c. LENGTH OF STAY	IN 1b		utside corporote limits, write			
Chever			DOA		Beltsvill	10	1	21	
	TAL OR INSTITUTION (If n	ot in hospital, (d. STREET ADDRESS	LE		e. IS RE	SIDENCE
Prince Ge	eorge Genera	al Hosp	ital		4929 Prince	e George Aven	กแล	YES	
3. NAME OF		irst	Middle		Last		Aonth	Doy	Year
DECEASED (Type or print)	T = 1		07:	0		OF	P7	,	
S. SEX	6. COLOR OR RACE		Oliver		ordon	DEATH	IF UNDER		9 66
		7. MARRIED WIDOWED	NEVER MARRIE		8. DATE OF BIRTH	9. AGE (In years lost birthdoy) Months	Doys Hours	DER 24 HRS. S Min.
Male	White N (Give kind of work done		ND OF BUSINESS OR		7 April 190			HITCH OF WHILE	
during most of working	g lite, even if retired)	U IN	DUSTRY Governm	a made	11. BIRTHPLACE (State	3 //	1 (0	IZEN OF WHAT	
13. FATHER'S NAME	STHEEL	10,	dovernin	ent	Virgir		0	SA	
Trans.		,			14. MOTHER'S MAIDEN				
	rvin W. Goi					Richards			
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service)	SOCIAL SECURITY NO.		ohn O Gord	lon Greenbel	ddress .t, Md.		
18. CAUSE OF E	DEATH (Enter only one cou	use per line for	(a), (b), ond (c).)					INTERVAL B	
	ATH WAS CAUSED BY:	(a) Tace	ration of	hmai	n			ONSET AND	DEATH
8/6	Laboratoria de la constantina della constantina								
Conditions, if on	v. which gove 1		compound	SKUL	l fracture			minute	S
rise to immedio		(b)						-	
stoting the unde	erlying couse								
lost.	,	(c)							
PART II. OTHER S PART II. OTHER S PRIMARY CO OF CAUSE OF DEATH	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RE	LATED TO T	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART I(o)		19. WAS AU PERFOR YES	
200. EXTERNAL C		20b. DE	SCRIBE HOW INJURY (OCCURRED. ((Enter noture of injury in	Port I or Part II of item 18.)		1	
PRIMARY 20 or CO	ONTRIBUTING 🗆					,			
Z CAOSE OF DEATH.	IURY Month, Doy, Year	204 14	ver of cal			lved in head-			(Stote)
Hour o.	m.	While	Not While	focto	ory, street, office bldg., etc.)	mile nort	(COL	γ)	(31016)
3:50 mp.		of work	ot work	Gunp	ory, street, office bldg., etc.)	1 mile north	of Rt	. 212.	
21. I certif	fy that I taak charg	e of the ren	rains described a	bave, hel	ld an Autapsy 🗍 ,	Inspection 🔀, Ir	iquiry 🔽 ,	and in my	y apinian
		al causes	_ ^ _		ide . Hamicide]	
	1	1/1/	1	/	CHIEF MEDICAL			,	
ACTUAL SIGNATURE	Cololo	16	fry			ICAL EXAMINER		22. DAT	TE SIGNED
EXAMINER'S	7770	77	7		Manage Control of the	AL EXAMINER			
NAME (Type)	John Kehoe	M.D.	Riverdale	. Md.	Address (Street	, city, town, or county)		7-6-66	
23o. BURIAL, CREMATI									
		EREOF	23c. NAME OF CEM	NETERY OR (CREMATORY	23d. LOCATION (City or	Town)	(County)	(Stote)
Burial Specif		ereof 9, 1966				Colmar M	anor.	Md.	(Stote)
24. FUNERAL DIRECT F. Gasch	July 9	, 1966			Cemetery	Colmar M	anor, REGISTRAR'S SI	Md.	

Market Company of the Company of the

The state of the s

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

10353	
i. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) o. STATE b. COUNTY Montgomery
PRINCE GEORGES MARYLAND	md Sooboodooc,
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
HYATTSUITE 1482 mos	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	d. STREET ADDRESS 1215 Highland Avenue on 18 RESIDENCE ON A FARM?
JAKGU MAANOR	L'OBOCCOCCOCCOCCC YES NO M
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Yeer OF
(Type or print) LOUISE	GRANT DEATH JULY 6 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
TE AA	T. 1. 16 16 last birthday) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	t1 +1 - 1 / 11 5 M
Haus EwifE own Home	FROSTBURGIMO. U.S. H
Paul Addancethy	MARK COSPONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17	INFORMANT (SELF) TANGER ONS AT
(Yas, no, or unkown) (If yes give war or dates of service)	- d sit it
None 1577-07-10611	3 De-Christin Corecl Marion
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Etympensolven 1-2 mi
4500 DUE TO A 4. 0	9
Conditions, if eny, which \ (b) Circleriosela	usis .
geve rise to immediate cause	보기를 가져보면 되면요 게 되는데 가면 건강하면 때 끝입다네요
(a), stering the undariying	
cause last. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT	PERFORMED?
3 Dronchul .	neumonia YES NO 4
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING CAUSE OF DEATH Uff EITHER, NOTIFY MEDICAL EXAMINER	RED. (Enter neture of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete)
0	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.)
Hour e.m. While Not While at work at work at work	
21. I certify that (I) (this hospital) attended the deceased from	m. 19.50 to 6 July 1966, that (1) (we) las
saw the deceased alive on 5 114	nat death occurred 32.5074. from the causes and on the date stated above
220. SIGNATURE Wallen Dhard	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. Duly 6, 1966
22c. PHYSICIAN'S NAME (Type) William D. And	6009 Colesville Rd., Silver Spring, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) Burial July 8, 1966 Mt. Olivet C	4. 4.
	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
22 FUNERAL DIRECTOR'S SIGNATURE Glor Carte 84345 Geor	gra Hue. IIII 1 1 1996 Meanly Judge
DICTORNET. (PURDICURU. TRC. c)4/AUCC c)D4/AUC	

TO HOSPITZ: ** ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page that has be retained by the hospital or attending physician.

IO FUNERAM DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after death.

VR A1S (4) 1SM 7-62

S AND SERVICE STREET, THE PROPERTY FOR THE CT I FRE THE HOUSE CONTRACTOR S.C., DOWNER SPACE.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10354 CERTIFICATE OF DEATH and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PRINCE GEORGE'S g. STATE a. COUNTY b. COUNTY after MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) and campletely filled in by the remave carban papers. Pagin any event, within 72 haurs Hyattsyille Hyattsville Riverdale e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES NO Y Eugene Leland Memorial Hospital 7001 Riggs Road 3. NAME OF Middle Lost 4. DATE Month Doy Year DECEASED OF (Type or print) William DEATH Grant AGE (In years 7. MARRIED NEVER MARRIED Male last birthdoy) Months Days WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Construction Worker Construction or remay Robert O. Grant.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Blanche White 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Unknown crematian, Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
CONGESTIVE HEART FAILURE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO ARTERIO SCLEROTIC UNKNOWN Conditions, if any, which gave (b) rise to immediate couse (a), DUF TO stating the underlying cause DIABETES MELLITUS UNKNOWA last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Nat While ot wark ot work 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 2/ 1966 to and that death occurred at 5 P.M. from couses and on the date stated above sow the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED STAFF M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type)

requires that the death certificate be executed within 24 haurs after death. signed by the burial-transit p burial, crematic physician. as the has been ed far use af Health p be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate detached te Dept. af State sage 3 should the Silled with the S be filed directar, shauld b

by the funeral Pages 1 and

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

23a. BURIAL CREMATION.

REMOVAL (Specify)

23b. DATE THEREOF 7/30/66 23c. NAME OF CEMETERY OR CREMATORY Fort Lincoln

ADDRESS

23d. LOCATION (City or Town) Washington, (County) (Stote)

2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

Charley

PILITED OF BEAUTY OF THE PARTY feet both Literate Line and Li AND THE REPORT OF THE PROPERTY OF THE PARTY The state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		10255			CERTII	FICATE	OF DEATH		1	1134	18	
	(COUNTY Prince	Geo.	Count	4	YLAND	o. STATE mon	yland	. COUNTY	nice	Geo	1)
0.00		O. CITY OR TOWN (If outs write RURAL and give I. NAME OF HOSPITAL OR	neorest town) V - //	40	C. LENGTH OF STAY Solve street oddress)	15 km	d. STREET ADDRESS	itside corporote limits, wri	te RURAL ond o	16	e. IS RESIDI	ENCE
-		Touten n	V. Hors	rital (Texter		Box	37/6			YES	NO
	(NAME OF DECEASED Type or print)	i'LLi'E	st	Middle		Green	4. DATE OF DEATH Scale		2 8 Day	19 &	66
	S. S	emale	C C	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE ND OF BUSINESS OR			oo lost birthd	oy) Months		Hours	Min.
	duri	USUAL OCCUPATION (Give ng most of working life, ev TRACH F FATHER'S NAME	en if retired)		DUSTRY		New York 14. MOTHER'S MAIDEN		1.4	COUNTRY?	0.5	
			C ADMIST CODESCO	DUN	LAP	117 4	O O		Address		/ ===	716
	(Ye	WAS DECEASED EVER IN U. s, no, or unknown) (If yes	give wor or dotes of	f service)	SOCIAL SECURITY NO.	Lei	NFORMANT US LGRE	en upp	Address 1	Il bla	201	no
				/	(o), (b), ond (c).)	l	Hamark	oge			ERVAL BETV SET AND DE	
		Conditions, if ony, which	(0)	(b) De	betic	Ocio	eusis,					
		stoting the underlying lost.	couse	10 Old	Lemofle	gie	- Reject	el strull				
ナ	ATION	PART II. OTHER SIGNIFIC	ant conditions <u>co</u>	ONTRIBUTING 1	TO DEATH BUT NOT RE	LATED TO T	he terminal disease coi	NDITION GIVEN IN PART 1	(0)		WAS AUTO PERFORME ES	PSY D? NO
	L CERTIFICATION	200. ACCIDENT WAS UNDE OR CONTRIBUTING ☐ CAI (IF EITHER, NOTIFY MEDIC	JSE OF DEATH	20b. DE	SCRIBE HOW INJURY O	OCCURRED. (Enter noture of injury in	Port I or Port II of item 1	8.)			
1	MEDICAL	20c. TIME OF INJURY M Hour o.m. p.m.	19	While of work	ot work	focto	E OF INJURY (Home, form ory, street, office bldg., etc.			County)		Stote)
		21. I certify the saw the decease		pital) atten	ded the deceased		death accurred at		uses and on		e stoted	,
		220. SIGNATURE	RU	RE	DR.LA	M.D	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		DATESIGN Ly 28		6
		22c. PHYSICIAN'S NAME (Type)	lef	red	RH	ipm	22d. ADDRESS 1945 Woo	dyard Rd.,	Clinton	ı, Md		
	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THE		23c. NAME OF CEN			23d. LOCATION (City		(County		ote)
	24	FUNERAL DIRECTOR	1 mcl	us o	ARLING ADDRESS	L		D BY REGISTRAR 126	56. REGISTRAR	SSIGNATUR		ge.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending forwering and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. They prose remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician.

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death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

ODIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10349

1. PL	ACE DF DEATH COUNTY				E (Where deceased lived, If institution	n: Residence before admission)
		nce George	MARYLAND	a. STATE Me	ryland b. COUNTY	Pr. Geo.
b.	CITY OR TOWN (if outsi write RURAL and give i	de corporate limits.	c. LENGTH OF STAY IN 1		outside corporate limits, write RU	
7.6	Oxon Hil			Oven	Hill	16-1
d.		INSTITUTION (if not in ho	spital, give street addres			e. IS RESIDENCE
	3504-Bri	nkley Rd., S.	E.	3504	Brinkley Rd SE	ON A FARM? YES NO NO
3. NA	ME DF CEASED	First	Middle	Last	4. DATE Month	Day Year
	pe or print)	JOHN	E.	GRIMES	DEATH July 14	th 1966
5. SE	X 6. COLOR	OR RACE 7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IFUNI	DER 1 YEAR IF UNDER 24 HRS.
Ma		ite WIDOWED	the state of the s	May 25-1912	last birthday) Month	ns Days Hours Min.
10a.US	UAL OCCUPATION (Give k most of working life, ev	ind of work done 10b. KI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country) 12	CITIZEN OF WHAT COUNTRY?
		Gov. House		ding - Camp	Springs , Md.	USA
	ATHER'S NAME	acts speaked	011100 -011	1 14. MOTHER'S MAIDI		0010
Ed	gar W. Grime			Olara V. H	311	
	AS DECEASED EVER IN U.S		SOCIAL SECURITY NO. 17	INFORMANT	Address	
(Yes, no	o, or unkown) (If yes give	war or dates of service)				Same as
N				rs. Jeannette	J. Grimes (Wife	# 2.
18		ter only one cause per lin			, .	ONSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: ATE CAUSE (a) MET	astatic 1:	Hain Tumor	15	0110411111
	1621	DUE TO			D	
Ce	nditions, If any, which		onchop enic	Carcinoma	luno	& months
	ve rise to Immediate	e (DUE TO				
	use (a), stating the derlying cause last.	Line	+ + Source	Kinp		
		(c)			ISEASE CONDITION GIVEN IN PART 1	(a) 119. WAS AUTOPSY
ICATI				0		PERFORMED? YES NO
CERTIFICATION OB OB	a. ACCIDENT WAS UNDE CONTRIBUTING [] CAU EITHER, NOTIFY MEDIC	RLYING 20b. D ISE OF DEATH CAL EXAMINER)	ESCRIBE HOW INJURY OC	CURRED. (Enter nature of	Injury In Part I or Part II of Item	18.)
	c. TIME OF INJURY M		JURY OCCURRED 20e. P	LACE OF INJURY (Home, far	rm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m.	While	Not While fac	tory, street, office bldg., et	(c.)	
¥	p.m.	19 at work	at work		1 : 2 5 4 4 4 4	17
	21. I certify that (I)	(this hospital) attende				66, that (I) (we) last
	saw the deceased all	ive on July	12 19 66, and th	at death occurred at.4	AM, from the causes and o	
22	a. SIGNATURE			ATTENDING	AFD CTAFF	DATE SIGNED
	12h, 2h	enue Doll	h 1	I.D. PHYS.	DIRECTOR PHYS. Ju	ly 14th 1966
22	c. PHYSICIAN'S	_		22d. ADDRESS		
	13,000	Dr. Etienne S	zollosi	#2 Parkwa	y Dr., SE Forest	Hghts Md.
23a. E	BURIAL, OR SMATUON 2:	3b. DATE MEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City, town or	county) (State)
×	XXXXXXXXXXXX				M 111 1 17 7	
	73	July toth 66	Oedar Hill	Jemetery	Suitland, Mary	land
24. F	UNDRAL PRECTOR	July 15th 66	Oedar Hill ADDRESS	25a. REC	D BY REGISTRAR 25b. REGISTR	RAR'S SIGNATURE
	UNITAL BIRECTOR	July 15th 66 1661- Gd. Ho	ADDRESS	25a. REC	D BY REGISTRAR 25b. REGISTR	RAR'S SIGNATURE

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Mary - Course King

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Dr. Etternin Szellesi - 2 Parent Dr., dz - Perent Prita Ma.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY PM3. Page Department of Prince George's death. Prince George's MARYLAND Maryland delay c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest tawn) Colmar Manor Colmar Manor d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? farm hours State 3310 40th. Avenue 3310 40th. Avenue YES NO X 24 haurs after death. 3. NAME OF First Middle 4. DATE Last Month 72 DECEASED the within Helen (Type ar print) Gundersheimer DEATH alang \ with S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months Dovs Haurs DIVORCED WIDOWED event Female White Office 2-25-1919 0 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? A. Pennsylvania Hecht Co. Saleslady any d "pending" in pencil in Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME executed within Julia ? Mike Zeets 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address remaval Mr. Joel M. Gundersheimer (above No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) (Son) dress INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH pe Pulmonary failure IMMEDIATE CAUSE (a) .. hrs. This certificate should crematian, Emphysema 2 yrs. DUE TD Conditions, if any, which gave Bronchial asthma rise to immediate cause (o). farwarded to DUE TO stating the underlying cause gs 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X pe ţ 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) prior 3 should PRIMARY
ar CONTRIBUTING shauld CAUSE OF DEATH agent, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour a.m. factory, street, affice blda., etc.) Not While may be retained for yaur FUNERAL DIRECTOR: Page While ot work at wark or its designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x Inquiry 🔽 and in my opinion the funeral directar. deoth resulted from: Natural lauses X Acident [Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe, M.D. Riverdale, Md. NAME (Type) John Address (Street, city, tawn, or county) 7-11-66 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) (Caunty) (Stote) 50 REMOVAL (Specify Burial 7/13/66 Washington, D.C. Mt.Olivet Cemetery ADDRESS Mt Rainier 250. REC'D BY REGISTRAR Maryland 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Home

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VR A15ME (5) 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1(1358			CERTIFICAT	E OF DEATH		111291	
a. COUNTY		Georges		MARYLAND	2. USUAL RESIDENCE (o. STATE Mary	Where deceased lived, if institution b. COL	orion: Residence befare admission) UNIY Prince Georges	
b. CITY Of write I	R TOWN (If	autside corporate limit give nearest tawn)	\$,	c. LENGTH OF STAY IN 16		utside corporote limits, write RU yn Heights	JRAL ond give neorest town)	
d. NAME (OF HOSPITAL	OR INSTITUTION (If no	ot in haspital, g	give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
Eu	gene :	Leland Mem	orial H	Hospital	5702	Ruatan St.	YES NO X	
3. NAME OF			rst	Middle	Last	4. DATE Mar		
(Type or		Fr	ances	Marie	Haerer	OF Jul		
S. SEX Fema		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3-20-19	9. AGE (In years jast birthdoy)	Months Days Haurs Min.	
Og. USUAL O	CCUPATION (Give kind af wark dane e, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY WN Home	11. BIRTHPLACE (Caunty	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY? S. A.	
	hou	sewife	0	wn Home	Wash., D		U. D. A.	
13. FATHER'S					14. MOTHER'S MAIDEN			
		Patrick By				Becraft		
1S. WAS DEC	nknown) (I	IN U.S. ARMED FORCES? f yes give war or dotes o	of convice)	17 0 9 5 9 2 9	husband Me	Addical Record	ress	
rise ta i stating last.	the <u>underly</u>	cause (o), Jung cause DUE	(b)(c)	O DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?	
OR CONT	RIBUTING [UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Port I or Part II of item 18.)	YES NO	
MEDICAL TIN	AE OF INJUR Haur a.m. p.m.	Y Month, Day, Year 19	20d. It While at wark	Not While f	LACE OF INJURY (Hame, farractary, street, affice bldg., etc.		(County) (Stote)	
21. sav	21. I certify that (I) (this hospital) attended the deceased fram factorized at 4 m, from causes and on the date stated abave.							
22o. SI	GNATURE	C.).4	town	men	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 7-3-66	
	HYSICIAN'S AME (Type)	С. Ј. Но	umann,	M. D.	22d. ADDRESS 44404 Que	ensbury Road,	Riverdale, Md.	
23a. BURIAL, PEMOV. Bur	AL (Specify)	7-7-6		Gate of H	eaven	23d. LOCATION (City or To Wheaton, 1	Md.	
24. FUNERA	DIRECTOR	ambers C	5550	ADDRESS	Cleveland	D BY REGISTRAR 25b. R	REGISTRAR'S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, each in any event, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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16641 ATTENDED BY del represent . an Assertable and a contract of the contract of

FOR STATE

HEALTH DEPT deloy is

Stote Department af 2 hours after death. within File pages lond2 in ony event ond TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Heolth or its designated ogent, prior to buriol, cremation, or removal,

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with farm PM3. Page necessary, please execute the certificate, writing the word 5 moy be retoined for your files.

This certificate should be executed within 24 hours after deoth. If

TO DEPUTY MEDICAL EXAMINER:

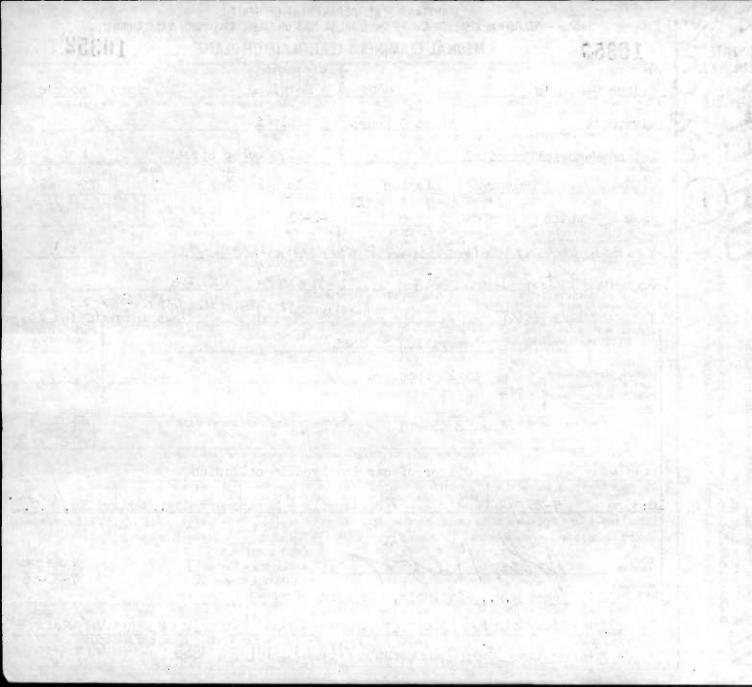
MARYLAND STATE DEPARTMENT OF HEALTH

301 W PRESTON STREET RAITIMORE MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS

	1035	3	MEDIC	AL EXAMIN	ER'S	CERTIFICATE O	F DEATH	-, ,,	103	352	
	PLACE OF DEATH					2. USUAL RESIDENCE (V				before or	lmission)
	o. COUNTY Prince G	oorgo ta		MARYL	AND	o. SIAJE Maryland	-1	b. COUN	ince G	enra	ale
		If outside corporate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If au					
	write RURAL one	give nearest town)				l l	iside corporate min	, , ,,,,,,	/ /	/	,,,,
_	Riverdal			bout 9 ho	urs	Adelphi			16	-/	DECIDENCE
	d. NAME OF HOSPITA	AL OR INSTITUTION (If nat in	haspital, give	e street address)		d. STREET ADDRESS				e. 13	N A FARM?
	Leland M	emorial Hospi	tal		4	2017 Que	ebec Str	eet		YES	□ NO 🔀
	NAME OF	First		Middle		Last	4. DATE	Month	h	Doy	Year
	DECEASED (Type or print)	Delman	2	Peyton		Hale JR	OF DEATH	7		27	1966
S.	SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED	IX 8	B. DATE OF BIRTH		(In years	IF UNDER 1 Y		UNDER 24 HRS.
	male	white v	VIDOWED [DIVORCED		6-2-41	25 ast	birthdoy)	Months D	ays F	aurs Min.
10a		(Give kind af work dane	10b. KIND	OF BUSINESS OR		11. BIRTHPLACE (State	or foreign country)	113.	12. CITIZ	EN OF WI	HAT
duri	ing mast af warking	life, e <u>ve</u> n if retired)	INDU	STRY	h /a		1 1			ITDVO	.5
	FATHER'S NAME	PEXAMINER	lagne	ullurar.	Dep	14. MOTHER'S MAIDEN	No. of Concession, Name of Street, or other Persons, Name of Street, Name of S	_		U	.71
10.	PATTER 3 NAME	0 + 71	0	0	3 4			- 0			
1	elmar	Teylon H	ale.	Ar.		ATIMAUL	ELLE	R			
IS.	WAS DECEASED EVE	R IN U.S. A MED FORCES? (If yes give war ar dates af ser	16. SO	CIAL SECURITY NO.	10%	NEORMANT Paul	ton Hale.	P Addre	S Box	2	
1.0	YES	1962-1965			The	elmar Fely	03/144	Trasse	1 Breet	1 91	Car
		ATH (Enter only ane cause p	er line for (a), (b), and (c).)	700						AL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) _	Lace	ration of	bra	in				ONSET	AND DEATH
	8161	DUE TO	1 1 1	Mark September 1							
	Conditions, if ony,		Skul	l fractur	0						
	rise to immediat	e couse (a),	Ona	I IIucoui							
	stating the under	rlying couse									
	last.) (c) _									
N.	PART II. OTHER SI	GNIFICANT CONDITIONS CONTR	IBUTING TO	DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN F	ART I(a)		19. WA	S AUTOPSY FORMED?
ATIC	1 69									YES [NO X
Ĭ.	20a. EXTERNAL CA PRIMARY XI or COI	USE WAS	20b. DESC	RIBE HOW INJURY OC	CURRED. (Enter nature af injury in F	art I ar Part II af	item 1B.)			
E	CAUSE OF DEATH.	NIKIBUTING L	dri	ver of ca	r in	volved in c	ollision				
B	20c. TIME OF INJU	JRY Manth, Day, Year	20d. INJU	RY OCCURRED	20e. PLAC	E OF INJURY (Home, farm,	, 20f, (City	or town)	(Caunt		(State)
툊.	10:35 pm p.n		While	Nat While D	facto	ry, street, office bldg., etc.)	t domonar	Dde D	ol+erri	110	P.G.
-			at wark L								
3		y that I taak charge af		. A			Inspection 3		iry 🛣	and in	my opinian
	death result	red fram: Natural to	luses	Accident X,	Suici	de, Homicide		rmined mo	nner		
	ACTUAL	1.1.	19	. /	-	CHIEF MEDICAL	EXAMINER			22	DATE SIGNED
	SIGNATURE	my	11-	ev		_ M.D.	CAL EXAMINER				4.4
	EXAMINER'S	1.	1	/		DEPUTY MEDICA				/-	27-66
	NAME (Type) JO	hn Kehoe M.D	Riv	erdale, M			city, tawn, or cou	nty)			
23a	REMOVAL (Specify	1 / 1 / 1		23c. NAME OF CEMET		REMATORY	23d. LOCATION	. 12		ounty)	(Stote)
13	URIAL	1/18 ATAP / 1	966	BAPTIST	CHU	RCH CEM.	GRASSI	Y CRE	EK. N	. (AR	OLINA
24	. FUNERAL DIRECTO	11 1	6 1	ADDRESS	10		BY REGISTRAR	2Sb. REG	SISTRAR'S SIGI	NATURE	100
V	V.W.E	Hambers (00,01	werdas	4,1	Mare DATE JU	L 29 19	op /	Clark	Dyn	7

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE - HEALTH DEPT.	1. PLA
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delay

8. Give Pages

24 haurs after death.

This certificate shauld be executed within

writing the ward

please execute the certificate,

AL EXAMINER:

O DEPUTY

after (haurs 9 Office alang with within event and any e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's pages _= pup remaval, burial-transit 0 cremation, 0 burial, pe to 4 should be priar 3 shauld agent, YOUR designated far the funeral director.

FUNERAL DIRECTOR: be retained ь Health 0 VR A15ME (5)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH (City or town) 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) While Not While of work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection x, Natural causes xt. Accident Suicide . Hamicide Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe, M.D. Riverdale, Md. NAME (Type) John Address (Street, city, town, or county) 236. LOCATION (City or Town) DATE THEREOF BY REGISTRAR Marle

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) E OF DEATH o. STATE b. COUNTY OUNTY Prince George's District of Columbia MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly DOA Washington e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) YES NO X 2101 New Hampshire Ave. N.W Prince George General Hospital 4. DATE ' Year Dov 3. NAME OF Middle DECEASED DEATH 66 Charlie Hamilton (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH NEVER MARRIED S. SEX 6. COLOR OR RACE 7. MARRIED lost birthday) Months Hours Doys WIDOWED DIVORCED 12 March 1906 Male Negro 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most af working life even if retired) 14. MOTHER'S MAIDEN 13. FATHER'S NAME 17 INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute pulmonary edema DUE TO Hypertensive arteriosclerotiv heart disease unknown Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION YES X NO (County) (Stote) Inquiry x and in my apinian 22. DATE SIGNED 7-21-66 230 BURIAL, CREMATION (County) 2Sb. REGISTRAR'S SIGNATURE 24. EUNERAL DIRECTOR

	TO LOAN CONTRACTOR OF THE STATE		
HISTER	THE RESIDENCE OF THE PARTY OF T		011
	The state of the second		
	Ter have		
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	editorial of the other true		
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEP DEPT. deloy is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page races I and 2 with the State Department of This certificate shauld be executed within 24 hours after death. If Heolth or its designoted agent, prior to burial, cremation, or removal, and TO FUNERAL DIRECTOR: Poge 3 should be used as a burial-transit permit. Fil

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10354

PLACE OF DEATH a. COUNTY	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission of STATE b. COUNTY	on)
Prince George MARYLAND		
b. CITY OR TOWN (If outside corporote limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Cheverly	Lanham /6 /	
d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e IS RESID	APM2
Prince George General Hospital	4907 Whitfield Chapel Rd YES	
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Yea	ar
(Type or print) John	Hamlin DEATH 7 2 19	66.
The state of the s	8. DATE OF BIRTH 9. AGE (In yeors IF UNDER I YEAR IF UNDER lost birthdoy) Months Doys Haurs	R 24 HRS. Min.
I Neglo	4 Oct. 1900 65 Yrs.	
10o. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN DF WHAT COUNTRY?	
during most of working life, even if retired) RETIRED D.C.GOV'T.	MISSIPPI U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOHN HAMLIN	ELLA MAE SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) ((If yes give wor or dotes of service)	NFORMANT 1612 ROADIES ST.,	
	ANDY HAMLIN VICKSBURG. MISS.	
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)	INTERVAL BET	WEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Heart failure	ONSET AND D Minut	Les
4200 DUE TO		
Conditions, if ony, which gave) (b) Arterioscler	otic heart disease 10 3	ms.
rise to immediate couse (o), stating the underlying couse DUE TO		
last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO	OPSY
CATION	PERFORM	NO 😾
PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 1B.)	
		(Stote)
Hour o.m. p.m. 19 While Not While of work	ory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, he	ld on Autopsy , Inspection , Inquiry , and in my	oninian
	ide , Homicide Undetermined manner	opiniun
death resolved fram. Matory cases [X], Accident [7], Sold	CHIEF MEDICAL EXAMINER	
ACTUAL ACTUAL	22. DATE	SIGNED
SIGNATURE STATE SIGNATURE		
EXAMINER'S NAME (Type) John Kehoe, M.D., Riverdal	e Address (Street, city, town, or county)	56
23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMOVAL (Specify)	(-1)	tote)
BURIAI 7/8 66 ARLINGTON I	NAT L. CEM FT. MYER, VIRGINIA	
24 HAREMA DIRECTOR TO ST. 1820 ADDRESS H ST.	N . W 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	/
WASHINGTON.	C. DATE JUL 8: 1966 Mcliarles Jus	gr

VR A15ME (5) 6M 1/66

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TO DEPUTY MEDICAL EXAMINER:

The state of the s

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FOR STATE DEPT. Poge delay is 0 Deportment puo form hours State 24 hours ofter deoth. olong with the with Office in Item 1 word "pending" in pencil in the Chief Medical Exominer's This certificate should be executed within le certificate, writing the word should be forwarded to the Ch pe 3 should moy be retained for your FUNERAL DIRECTOR: Poge the funeral director. pleose

within EVER .⊆ removol 0 cremotion, buriol, 0 prior its designated ogent, Heolth or

CERTIFICATION

24. FUNERAL DIRECTOR

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside carparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Riverdale DOA Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Leland Memorial Hospital 6900 Furman Parkway YES NO 🔽 3. NAME OF Middle First Last 4. DATE Manth DECEASED (Type or print) John Michael Hamolia DEATH 5 SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Days Haurs WIDOWED DIVORCED Male White Jan. 1919 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (State or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 5. HARVE SOLESMAN PENN'A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DREW UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 7603 PIVERDALE, PD (Yes, ng, or unknown) (If yes give wor or dates of service) BEATRICE HAMOLIA 66-12-1952 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY onset and death IMMEDIATE CAUSE (0) Acute pulmonary edema DUE TO Myocardial infarction 3 weeks Conditions, if ony, which gave (b) Hypertensive coronary arteriosclerotic heart rise ta immediate couse (a), DUE TO disease stating the underlying cause unknown last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES X NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II af item 1B.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Caunty) (State) factory, street, affice bldg., etc.) Not While 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry x and in my apinion

Natural coures X death resulted from: Suicide . Accident / CHIEF MEDICAL EXAMINER **ACTUAL** SIGNATURE ASSISTANT MEDICAL EXAMINER

EXAMINER'S NAME (Type) John Kehbe. M.D. Riverdale. BURIAL, CREMATION.

Hamicide

DEPUTY MEDICAL EXAMINER 1

Address (Street, city, tawn, ar caunty) 23d. LOCATION (City or Town) (County)

Undetermined manner

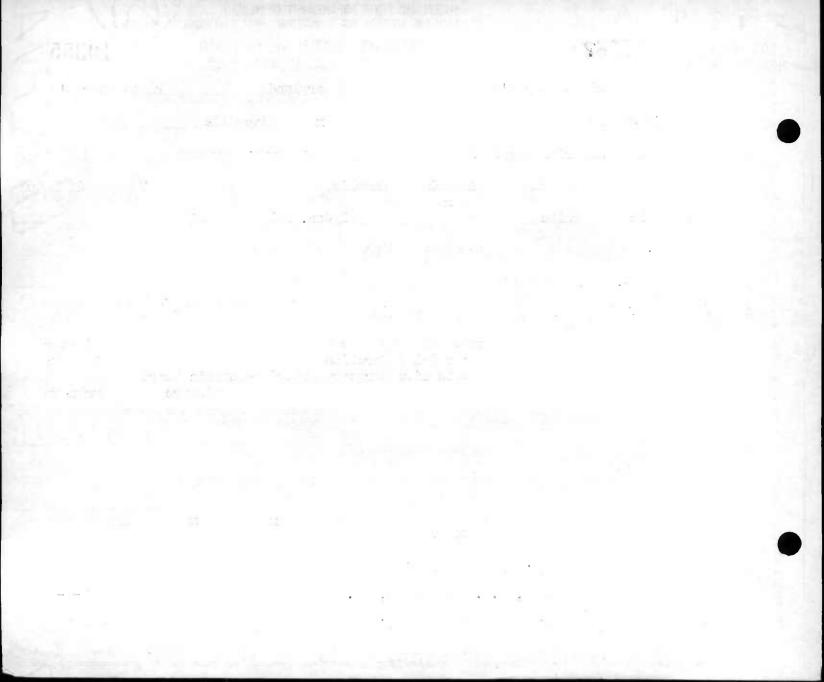
DATE THEREOF NATIONAL ARLINGTON

2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ocharles 1966 DATE

22. DATE SIGNED

VR A15ME (5) 6M 1/66

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place funove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	2001										
1.	PLACE DF DEAT a. COUNTY Prince	H George's		MARYLAI	ND	2. USUAL RESIDENCE a. STATE Maryland		eased lived, If Institu b. COUNTY Prin	tion: Residen		n)
	b. CITY OR TOV	VN (if outside cor	porate limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If		orate limits, write	RURAL and	give nearest tow	n)
	Chever1	and give neares	town)	58 days		Upper Ma			16	1	
	d. NAME OF HO	SPITAL OR INSTIT	UTION (If not I	n hospital, give street add	ress)	d. STREET ADDRESS				e. IS RESIDENO ON A FARM?	
		George's		Hospital		Box 1711				YES NO	_
3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Month	Da	ay Year	
	(Type or print)		Baby	Girl		Harley	OF DEATH	July	3	19 66	
5.	SEX	6. COLOR OR R	ACE 7. MARR	IED NEVER MARRIED	X	B. DATE OF BIRTH	9.	AGE (In years IFI			
	Female	Negro	WIDOW	ED DIVORCED		May 6, 1966		- yrs.	nths Days	Hours MI	n _V
10a	USUAL OCCUPA	TION (Give kind of king life, even if r	work done 101	b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co	unty & State,	or foreign country)	12. CITIZE		
	none			none		Prince Ged		Maryland			
13.	FATHER'S NAT	ΛE				14. MOTHER'S MAID	EN NAME				
040	Joseph	George Ha	rley		35	Elizabeth	Annam	ae Windso	r		
15.	WAS DECEASED	EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT		Address			_
(10	no		ates of service)			Mother		as ab	ove		
	18. CAUSE DF	DEATH [Enter on	ly one cause p	er line for (a), (b), and (c).]]	<u> </u>			IN	TERVAL BETWEE	N
	PART I. D	EATH WAS CAUSE IMMEDIATE CA		Hydrocephalus	Н.				58	days	
	752	X	DUE TO								
	Conditions, If		(b)								_
	gave rise to cause (a),		DUE TO								
	underlying cau		(c)								_
TION	PART II. OTHER	SIGNIFICANTCON	DITIONS CONTR	RIBUTING TO DEATH BUT NOT	TRELA	TED TO THE TERMINAL D	ISEASE COND	DITION GIVEN IN PAR	RT 1(a) 19	9. WAS AUTOPS PERFORMED?	
FICA		inism								YES NO	-
CERTIFICATION	OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING CAUSE OF OTIFY MEDICAL EX	G 20b DEATH (AMINER)	. DESCRIBE HOW INJURY	occu	RRED. (Enter nature of	Injury in Pa	rt I or Part II of It	em 18.)		
CAL		INJURY Month,	Day, Year 20	d. INJURY OCCURRED 200	e. PLA	CE OF INJURY (Home, fa		City or town)	(County)	(State)	
MEDICAL	Hour a.	m. .m.		nlie Not While at work	racto	ry, street, office bldg., et	ic.)				
	21. I certi	fy that ★ (this	hospital) atte	ended the deceased from				July 3,			
		eceased alive on	Jily	3 // 1966 , and	that	death occurred at	:20 M, fro	m the causes and	d on the da	ate stated abou	ve.
	22a. SIGNATA	RE	/1.1/	11/1/1	1.		MED.	CTAFF	2b. DATE S	SIGNED	
	22c. PHYSIO	ABUS	414	you wo	MLD	PHYS.	DIRECTOR L	PHYS. AX	//>	100	
	NAME (ype) Berth	na E. Va	in Gelderen, M	.D.	3001 Chev	verly A	Ave. Cheve	nly, A	id.	
23a	BURIAL, CRE	MATION, 23b. /D	ATE THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d. Dp	CATION (CITY/LOWN	or county)	(State)	F
	REMOVAL (SI	ecify) 7/7	1/66	Holyta	mel	24 Charch	IW	boden	noo	~ Ma	
24.	FONERAL DIR	ECTOR	220	ADDRESS	01	1 25a. REC	D BY REGIS	1 00	STRAR'S SIG	Λ.	
	Soll	wy	037	- Hury	H	DATE 1	UL 7	1966 30	liarle	Judge	
	6-	201079	>				177	4		4	

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a. Chayoniv. Mr.	va virteman 11 05 - 11.	F. Van Gelderen, l	

funeral the 12 and þ _ ages pe paper 72 comple 5 and carb physician remove please affending Then 0 permit. physician. been signed by burial-fransit attending has certificate ha hospital 98 0 prior for the After this detached þ INECTOR: should death. Pag page filed , の音器 H

VR A15 (4)

15M 7/61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence beto ada. COUNTY b. COUNTY a. STATE PRINCE GEORGE'S D.C. MARYLAND c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ANDREWS AIR FORCE 2 Davs WASHINGTON. D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 2652 Nichols Ave USAF HOSPITAL ANDREWS NAME OF First Middle 4. DATE Month DECEASED OF NOVELLA RENE JULY HARRIS DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER I YEAR 5. SEX DATE OF BIRTH last birthday) Months FEMALE WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) PRINCE GEORGE'S. MARYLAND N/A NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES B. HARRIS JR. DORTHY MAE GREEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give wer or detes of service) Same as Father None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: Respiratory Failure IMMEDIATE CAUSE (a) DUE TO Severe Prematurity Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION HYALINE MEMBRANE DISEASE 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 2De. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2Dc. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Dey, Yeer factory, street, office bldg., etc. While Not While Hour a.m. et work at work , 1966, to 17 Jul , 19 66 that X) (we) last 21. | certify that 10) (this hospital) attended the deceased from July ... 15. saw the deceased alive on 17 JULY 19.66, and that death occured at 200 RM from the causes and on the date stated above. 220. SIGNATURE ATTENDING MED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. HYSICIAN'S HAME (Type) HOSPITAL ANDREWS, ANDREWS AFB. CAPT. MC. USAF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. REMOVAL (Specify) WASHINGTON, D.C. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 1966

LAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM?

Year

19 66

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO -

(Stete)

22b. DATE

(X)

(County)

2 Days

2 Days

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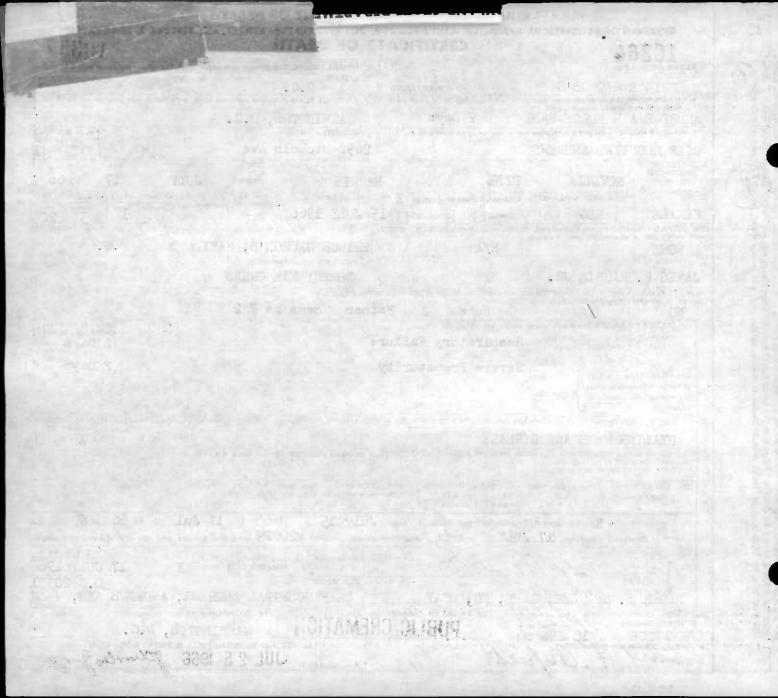
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Days

NO X

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22



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10365
CERTIFICATE OF DEATH
10358

1.	1. PLACE OF DEATH a. COUNTY				USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY						
	PRINCE	GEORGE 'S		MARYLAND	AD MARIO A CO						
	b. CITY OR TOW write RURAL	N (if outside corporat and give nearest tow	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		orporate limits, wri	te RURAL a	nd give	neares	t town)
A	NDREWS A		",	6 Days	PINE BLUFF 42.3						
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not In h	iospital, give street address)	d. STREET ADORESS				θ.	IS RESI	DENCE ARM?
	USAF HOS	SPITAL ANDR	EWS		616 West	29th	Street		Y	-	NO 🔼
3.	NAME DF DECEASED	FI	rst	Middle	Last	4. DATE	Month		Day	Yea	r
	(Type or print)	JOHN	ANDRE	W HARRISON		DEAT			18	19 6	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEO	8. OATE OF BIRTH	9	AGE (In years last birthday)		YEAR I	F UNDER Hours	24 HRS.
	MALE	CAU	WIOOWEO	DIVORCEO	23 Oct 1910		55 yrs.				141111
10a	I. USUAL OCCUPAT	ION (Give kind of work ing life, even if retire	done 10b. F	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	ounty & Stat	te, or foreign country) 12. CIT	JIZEN O	F WHAT	
	FARMER		FA	RMER	PINE BLUF	F, AR	KANSAS			U.S	.A.
13	. FATHER'S NAM	E			14. MOTHER'S MAIO	EN NAME					
	WALTER	(NMN) HARRI	SON		MAY (N	MMN) L	OVELL				
15 (Y	. WAS DECEASED I	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16.	SOCIAL SECURITY NO. 17.	INFDRMANT		Addres	S			
	NO	N/A		unk L	oyd Harrison	(Son)	Same as	# 2	341		
				line for (a), (b), and (k).]	1		1.			VAL BET	
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		lyocardo	21 toto	220	tron		/ -	ays	
	4201	OUE	1	9							
	Conditions, If		(b)								
	gave rise to cause (a), st		то								
	underlying caus	-	(c)								
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONOITIO	ONS CONTRIB	UTING TO OEATH BUT NOT REL	ATED TO THE TERMINAL O	DISEASE CO.	NOITIONGIVEN IN	PART 1(a)		WAS AU PERFORI	
CERTIF	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING [] NG [] CAUSE OF DEA FIFY MEDICAL EXAMI	TH NER) 20b.	OESCRIBE HOW INJURY OCC	URRED. (Enter nature of	Injury In I	Part I or Part II o	f Item 18.)			
MEDICAL	20c. TIME OF Hour a.m		Year 20d. While at wor	Not While fact	ACE OF INJURY (Home, fa ory, street, office bldg., e		(City or town)	(Coun	ty)	(\$	tate)
2				led the deceased from	12 JUL 10	9 66 to	18 JUL	19	the	at 00 (w	e) last
	saw the dec	ceased alive on 2	8 JUL	1966 and the	t death occurred at2						
	22a. SIGNATUR		10					22b. OA			
	17	madely	Jo of	my sea		MED. OIRECTOR	STAFF PHYS.	18	JULY	196	66 _
	22c. PHYSICIA NAME (T)		ick L	. Sachs	ANd Ye	ws A	F.B H	ospt,	1	14	
238	BURIAL, CREM REMOVAL (Spe	ecify) 7/20/	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d.	PINE Blu	00	AP		ate)
24	CHNEDAL DIDE		.100	517- APPRESS + SE Wash, A.C.	25a. REC	. 00	1986 B	CUAN	SIGNA	TURE	2
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of S death. Page may be retained by the hospital or attending phy	> TO FUNE. DIRECTOR: After this certificate has been signed by the attending physician and comple	rector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
eath.	FU	irecto	e file	
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15	M	7/6	51	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10359 10366

NONXXXXXX	Prince G	eorgesmanyland	Maryland	DC,		George George		dmission)
b. CITY OR TOWN (if outside corporate RURAL and give pearest he Hyattsville	orate limits, own)	8 Syears	b c. CITY OR TOWN	(If outside corp	orata limits, write			n)
d. NAME OF HOSPITAL OR INSTIT	UTION (if not in ho		d. STREET ADDRESS					SIDENCE A FARM?
Carroll Manor								ио 🔀
3. NAME OF DECEASED (Type or print) Flore	First	Middle Henritze	Heiskell	4. DATE OF DEATH	Month July		y Yeer 196	
	R RACE 7. MARRI	D NEVER MARRIED DIVORCED	B. DATE OF BIRTH April 29	178	. AGE (In years last birthday) 88 yrs.	Months Deys		24 HRS. Min.
10s. USUAL OCCUPATION (Give kind done during most of working life, ever Housewife	d of work 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Cou Virgini		foreign country)	12. CITIZEN USA	OF WHAT C	OUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Richard H. He	enritze		Adele H	lender	son			
15. WAS DECEASED EVER IN U.S. ARJ (Yes, no, or unkown) (Ifyesgiveweror NO			informant Tames Heiske	e11 (S	on) Address	07 Wis	h. Aye	
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]							NTERVAL BET	
PART I. DEATH WAS CAUSI	ED BY	inoma of Stom	ach				month	
geve rise to immediate cause (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT	(c) CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	INAL DISEASE	CONDITION GIV	/EN IN PART 1(a)	PERFO	UTOPSY PRMED?
PART II. OTHER SIGNIFICANT DEPTH	DEATH	SCRIBE HOW INJURY OCCU	RED. (Enter nature of injury in	Part I or Pert I	1 of item 18.)			
20c. TIME OF INJURY Month, Hour a.m.	Dey, Yeer 20d. While 19 at wo	eNot While	PLACE OF INJURY (Home, far factory, street, office bldg., et		y or town)	(County)		(Stete)
21. I certify that (I) (xix	xboxotock after	ded the deceased fro	m.Nov28	1962 to	July 13	1966	that (I)	last
saw the deceased alive or	July 9	1966., and th	hat death occured at 2.	:55AMron	n the causes	and on the		
22a. SIGNATURE	no 40	alli		MED. DIRECTOR	STAFF PHYS.		July 1	SIGNED
22c. PHYSICIAN'S NAME (Type)	E 0-114	N D	22d. ADDRESS 322 H	St. N.F	. Wash	ington,		
23a. BURIAL, CREMATION, 23b. D. P.	F. Colli ATE THEREOF 1y 15	123c NAME OF CEMETER	tius Church	23d. LOC	ATION (City, to		(5)	teta)
Solut A. Do Och	DeVol F		e 25a. RE	JUL 1		GISTRAN'S SIGN	es Jud	ge

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Richard H. Henriltan

James Heistell (not) TVY (not)

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Thomas I. Colling, M.D. 322 W.St. M.E. Washington, D.C.

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Mes alignor D.O.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

360

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)

FOR STATE HEALTH DEPT.

P.M.3. Page

delay is

in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate shauld be executed within 24 haurs after death. If

pending

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

3

PLACE OF DEATH

pages 1 and 2 with the State Department of in any event within 72 hours after death. a burial-transit permit. File TO FUNERAL DIRECTOR: Page 3 should be used as 5 may be retained for yaur files.

Health or its designated agent, priar to burial, crematian, or remaval, and

the funeral directar. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

a. COUNTY					o. STATE		b. CO		_	
Pr	ince George's			RYLAND		and	P	rince	Geor	ge s
	OWN (If outside corporate limits, AL and give nearest tawn)	C. 1	LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN	(If outside corpai	rote limits, write R	URAL ond give	e neores	t town)
	iversity Park				Univo	rsity Pa	າກໄດ		16	- /
d NAME OF I	HOSPITAL OR INSTITUTION (If nat	in hospital give s	treet address)		d. STREET ADDRESS	Letra L	a.r.k		710	e. IS RESIDENCE
d. HAME OF	TOST TIAL OK INSTITUTION (II IId	iii nospital, give s	neer address;						,	ON A FARM?
40	13 Tennyson Str	reet			4013 '	Tennyso	n Street		_ \	YES NO X
3. NAME OF	First		Middle		Lost	4. DATE	Mo	nth	Dov	Year
Type or prin	Joh	222	Andre	NT _A T	Hemey	OF DEATH	, Ju	7 77	3	19 66
S. SEX	1				B. DATE OF BIRTH		9. AGE (In years	IF UNDER		I IF UNDER 24 HRS.
J. JEA	O. COLOR OR RACE	7. MARRIED	NEVER MARRI			/	le irthdoy)	Months	Doys	Hours Min.
male	white	WIDOWED	DIVORC	CED 🔲	Feb. 19,	TAOP	OL YIS.		50 5	110010
100. USUAL OCCU	PATION (Give kind of work done	10b. KIND O	F BUSINESS OR		11. BIRTHPLACE (S	State or foreign o	country)	12. CI	TIZEN OF	WHAT
oduring most of w	ocking life, even if retired)	INDUST	Š		De.	da		(0	UNTRY 2	
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13. FATHER'S NA	AME				14. MOTHER'S MAII					
10	UIS HEM	EV			FRANCE	2.9 5	SHURO	N		
IS. WAS DECEAS	ED EVER IN U.S. ARMED FORCES?	16. SOCIA	L SECURITY NO.	. 17.	NFORMANT		Add	dress		
	own) (If yes give wor or dotes of	1 4	-	.15	NETTE. X	X. HEW	IFV C	AME !	12	世与
No		NON		10.5				141416- 1		
	OF DEATH (Enter only one cause									ERVAL BETWEEN
PARI	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	, He	eart fa	ilure					mir	Hutte BEATH
4-2	DUE TO									
	Many subjektions a	4.	mtanine	clero	tic heart	diseas	e		12	years
	redinte couse (a)	/	1 001 103	CTCLO	OTC HCCL O	albeab.			1.~	years
stoting the	underlying couse DUE TO	J								
lost.) (c)								
PART II. OT	HER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DE	ATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE	E CONDITION GIV	EN IN PART I(o)		19.	WAS AUTOPSY
<u> </u>									YE	PERFORMED?
S PO- EVIED	MAL CALICE WAS	Tool present	5 (1011) MILLED	0.00010000	(5)				TE	2 NO PE
PRIMARY	NAL CAUSE WAS For CONTRIBUTING	20b. DESCRIB	E HOW INJURY	OCCURRED.	(Enter noture of injur	ry in Port I or Po	rt II of item 1B.)			
CAUSE OF D										
200. EXTER PRIMARY CAUSE OF DI	OF INJURY Month, Doy, Yeor	20d INJURY	OCCURRED	20e. PLA	CE OF INJURY (Home,	form, 20f.	(City or town)	(Cor	unty)	(Stote)
용 Ho	our o.m.	While	Not While	foct	ory, street, office bldg.	., etc.)		·	.,	
	p.iii.	at work 🔲	ot work	1						
21. 10	certify that I took charge	of the remoins	s described of	gbove, he	ld on Autopsy L	, Inspect	ion X, Inc	quiry X ,	ond	in my opinion
deoth	resulted from: Notural	touses 🔀	Accident /	, Suic	ide . Homi	cide U	Indetermined r	manner []	
	1 //	Tol	1		CHIEF MED	DICAL EXAMINER			-	
ACTUAL	11 1/2	17	n h	~	100107.117	MEDICAL EXAMIN	NED		2	2. DATE SIGNED
SIGNATURE		7 / 1-			m.D.	EDICAL EXAMINER				7 1 66
EXAMINER'		MD		*	Bi-rro	and adverging	Mcdanaka			7-4-66
NAME (Typ										
230. BURIAL, CRI			c. NAME OF CE	-	-	23d. L	OCATION (City or T	own)	(County)	(Stote)
RIRINGVAL	PEGIY) 7-6-1	966 W	H.OLI	VET	CEM	WA	SHINGTO	N. D.	e	
24. FUNERAL D			ADDRESS			REC'D BY REGIST		REGISTRAR'S S	IGNATUR	E
WW	CHAMBERS	Go RIL	/ERDA	JE /	1	JUL 1	1 1966			Judge
10,00.	רוואטיייווע	O ILIV	ーニノンド	1	DAIL	OUL I	TIONO	1	. 00	1

VR A15ME (5) 6M 1/66

FOR STATE	103
EALTH DEPT.	1. PLACE OF DEAT
9 to 9	a. COUNTY

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	NERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dep	th ar its designated agent, priar to burial, crematian, ar remay to ad in any event within 72 haurs	-
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10368 M	EDICAL EXAMINER'S	CERTIFICATE O	F DEATH	10361
1. PLACE OF DEATH			Vhere deceased lived, if institution: Re	sidence before odmission)
a. COUNTY	MARYLAND	a. STATE	b. COUNTY	α
Prince George's b. CITY OR TOWN (If autside carparate limits.	c. LENGTH OF STAY IN 16	Maryland	tside carparate limits, write RURAL and	George 's
write RURAL and give nearest tawn)		11	iside culputute titilis, write KOKAL unc	y give nedlest town;
Cheverly	DOA	Bowie	7-1	1 (0)
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspi	ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George General H	ospital	Bowie Race	Track Road, Box	422 YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Manth	Day Year
(Type or print) William	Francis Hen	ייייי	OF DEATH 77	10 19 66
S. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH		IDER 1 YEAR IF UNDER 24 HRS.
Male Negro WIDOW		23 Feb. 1916	last birthday) Mont	hs Days Haurs Min.
TIGITE MESTO	b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		2. CITIZEN OF WHAT
during most of working life, even if retired)	INDUSTRY		or raining room ()	COUNTRY?
Farmer 13. FATHER'S NAME		Maryland		USA
		14. MOTHER'S MAIDEN N		
Ernest Henry		- Pr	F. Brooks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, arunknawn) ((If yes give war ar dates af service)	16. SOCIAL SECURITY NO. 17.	INFORMANT	Bow i dres Ra	ce Track Road
, , , , , , , , , , , , , , , , , , ,		Mary F. He	enry Box 422	
Canditians, if any, which gave (b) (b)		eart disease	}	INTERVAL BETWEEN QNSET AND DEATH minutes over 6 mo.
stating the underlying cause (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (ON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Day, Year Hour a.m.	o. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	ort I or Port II af item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 at		CE OF INJURY (Home, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
21. I certify that I taak charge af the	remains described abave, he	ld an Autapsy ,	Inspection , Inquiry 5	and in my apinian
		ide , Hamicide	Undetermined manner	
		CHIEF MEDICAL I		
ACTUAL SIGNATURE	Johne		CAL EXAMINER	22. DATE SIGNED
EXAMINER'S			EXAMINER X	
NAME (Type) John Kehoe, M.D.	Riverdale, Md.		city, tawn, ar caunty)	7-11-66
230 BURIAL CREMATION 235 DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City ar Town)	(Caunty) (State)
Burial 7/14/66			Springfield,	' ''
24. FUNERAL DIRECTOR	wart ADDRESS,		BY PEGISTPAR 255 PEGISTRAI	PIC CIGNATURE
Stewart Funeral Home	4001 Benning			iarles Judge

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10000 CERTIFICATE

	ALUICA U.S	OBIL 111 10/11	- 01 04/1111		7 (100)			
1.	PLACE OF CEATH a. COUNTY		2. USUAL RESIDENCE (Where de		sidence before admission)			
4	Rince Georges	MARYLAND	a. STATE Mod.	b. COUNTY	George			
	b. CITY OR TOWN (if outside corporate limits,	c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside cor	porate limits, write RURAL	and give neafest town)			
	write RURAL and give nearest town)	3mo-17da.	Universi	ty Park	16-1			
	d. JAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET AOORESS	1	e. IS RESIDENCE			
4	yattsville Nursing Home-6500	Riggs Rd.	4102 Van B	uren St.	ON A FARM? YES NO			
3.	ORGEASEO (Type or print)	Middle Hab	Last 4. OATE OF DEATI	Month 7//3	Oay Year 19 4 G			
5.	SEX 6. COLOR, OR RACE 7. MARRIED		DATE OF BIRTH 9.	AGE (In years IF UNDER 1				
-	m WIDOWED	DIVORCEO	10-15-1875	90 yrs.	Days Hours Min.			
	ing most of working life, even If retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & State	, or foreign country) 12. CIT	TIZEN OF WHAT UNTRY?			
	ct-Treasurer Chi	annellock INC.	Venango, Pa.	US				
13.	FATHER'S NAME	11000	14. MOTHER'S MAIOEN NAME					
	Keuben Highey		Margaret Leu	UIS				
15 (Ye	. WAS OECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT U	Address				
		77-03-7345 DA	righter-Mrs. Ruth Hau	1er-4102 Van Bure	inst. Univ. Park			
	18. CAUSE OF DEATH [Enter only one cause per l		8		INTERVAL BETWEEN			
H	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAR	Dio- PulmonA	IRY ARREST		MINS.			
	0534 DUE TO		- PAN CEN	Tican	DAVE			
	Conditions, If any, which gave rise to immediate (b) GRAM NEGATIVE ROD SEPTICEMIA							
	cause (a), stating the DUE TO							
_	underlying cause last. (c)							
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
ICA	GENERALIZED A	PRIGRIOSC	LEROSIS		YES NO NO			
CERTIFICAT	20a. ACCIDENT WAS UNDERLYING 20b. I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		IRRED. (Enter nature of Injury in P	art I or Part II of Item 18.)				
		NJURY OCCURREO 20e. PLA	CE OF INJURY (Home, farm, 20f.	(City or town) (Cour	ntv) (State)			
EDICAL	Hour a.m. While	facto	ry, street, office bldg., etc.)	(GILY OF LOWIT) (GOOD	ity) (State)			
ME	p.m. 19 at work		/	-/				
	21. I certify that (I) (this hospital)/attended	ed the deceased from 4	//3 , 1956, to.	7//3 , 196	≤, that (I) (we) last			
	saw the deceased alive on 7///	196, and that	death occurred at 9 - M, fr	om the causes and on th	e date stated above.			
	22a. SIGNATURE				TE SIGNED			
	Harred W. Os	aper M.D	ATTENDING MED. DIRECTOR	T STAFF D 7	113/66			
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	,	Silver.			
	MAINE (Type)		711 Silver	SPYING 1	16 SPVING			
23a		23c. NAME OF CEMETERY	OR_CREMATORY 23d. LO	OCATION (City, town or cou	nty) (State)			
	Surial 7/15/66	Greenda	10 Cem. M	leadville,	Pa.			
24	FUNERAL DIRECTOR	AOORESS	25a. REC'O BY REGI	STRAR 25b. REGISTRAR'S	SIGNATURE			
F	Gasch's Sows 4739 1	Bott. Ave Hatts	wille MAATE JUL 18	1966 /	9 9			

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

BEAMS IN A SHIP TO SEE THE SEA But Tropher Greenward Com Monda The state of the s

	DIVISIO	N OF STATISTI	CAL RESE	ARCH AND RECORDS		F HEALIH ON STREET, I	BALTIMORE	1. MARYI	LAND
1	10370	7	T+om Q	CERTIFICAT	E OF DEAT	H		10;	363
1.		George's		MARYLAND	a. Marylar		Prince	George	18
	Write RURAL	N (if outside corpora and give nearest to	ite limits, vn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (e limits, write Ri	JRAL and giv	/e nearest town)
	Chever.		ON (If not In h	3 days	d. STREET ADDRES	t Heights		16	. IS RESIDENCE
		George ts				th Avenue			ON A FARM?
3.	NAME OF DECEASED (Type or print)		irst nson	Middle	Last Hill	4. DATE OF DEATH	Month July	Day	Year 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UN		IFUNDER 24 HRS
	Male	Negro	WIDOWED	DIVORCED	10-5-95	707	yrs.		Hours Min.
du du	ing most of work	TION (Give kind of working life, even if retire	(done 10b. Fed)	(IND OF BUSINESS OR NDUSTRY		County & State, or for Carolin		2. CITIZEN COUNTRY USA	'?
13	. FATHER'S NAM				14. MOTHER'S MA		<u> </u>	O Dz.	
	August	us Hill			Sarah	William	S		
1! (Y	. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
-									
		DEATH [Enter only or EATH WAS CAUSED BY		ine for (a), (b), and (c).] gestive Heart F	ailure			ONS	RVAL BETWEEN ET AND DEATH
	420	IMMEDIATE CAUSE	(a)	,00010					
	Conditions, If	any, which \	(b) Acu1	te Pûlmonary Ed	ema				
B	gave rise to cause (a), s		TO						
-	underlying caus	se last.	10/	ertensive Coron					
TIO	Part Street Control		-		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)				WAS AUTOPSY PERFORMED?
FICA		s Mellitus			Pyonephris		5 4 11 - 7 11		s 😿 NO
CERTIFICATION	OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATIFY MEDICAL EXAMI	ATH INER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature	of Injury In Pert I	or Part II of Itel	n 18.)	
MEDICAL	Hour a.	INJURY Month, Day, m. m. 19		NJURY OCCURRED 20e. PLA facto k at work	CE OF INJURY (Home, ry, street, office bldg.,	farm, 20f. (City	or town)	(County)	(State)
	21. I certi	fy that 30 (this hos	pital) attend	ed the deceased from_J	uly 18	1966 to J1	ly 21 , 1	966, th	nat XI) (we) las
		occord allivo oil	July 2	L 1966, and that	death occurred at	9:00 M, from t			
	22a. SIGNATU	RE // 11- ()	p)		ATTENDING		STAFF PHYS.	DATE SIG	ANED
	22c. PHYSICIA NAME (T		his	M.D	22d. ADDRESS	DIRECTOR	PHYS.		
_									
23	BURIAL, CREA		THEREOF	Lingoln Men			rvland	r county)	(State)
	. FUNERAL DIRI		. Stee	Cart ADD BSS	25a. R	EC'D BY REGISTRA	R 25b. REGIST		
S	tewart	Funeral H	Iome 40	001 Benning 1	Road, NE	JUL 25	1966 K	Marle	y Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH **301** PRESTON STREET, BALTIMORE, MARYLAND 21201

1	1027	4	ltem	CERTIFICATE	OF DEATH			1	0364	
	PLACE OF DEATH O. COUNTY Prince (& George's		MARYLAND	2. USUAL RESIDENCE (a. STATE Maryland		ed, if institution b. COUNTY Priv	r: Residence b	efore admission	1
	b. CITY OR TOWN (If outside corporate limit d give nearest tawn)	S,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or Bladensh	utside carparate lim	its, write RURAI	L and give ne	arest tawn)	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	at in haspital, g	ive street address)	d. STREET ADDRESS				e. IS RESIDE ON A FAR	NCE
	Prince (George's Ge	neral H	lospital	4118 46t	th Street				NO X
-	NAME OF DECEASED (Type or print)		rst lie	Middle V	Last Holland	4. DATE OF DEATH	Month July		Doy Year 3 19 6	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH			IF UNDER 1 YE		
	Male	Negro	WIDOWED	DIVORCED	10/25/98		birthday) 7	Manths Do	ys Haurs	Min.
10g dør	MSUAL OCCUPATION of mast af warking	(Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County	8. Stote, or fareign c	auntry)	12. CITIZEN COUNTI	OF WHAT	
	FATHER'S NAME	75	Ho11	and	14. MOTHER'S MAIDEN	Ga1	lows	24		
		R IN U.S. ARMED FORCES? (If yes give war or dates of	af service)		rormant Rorce M	atex \$	1 Address	p46	thist	•
		EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	IP.	(o), (b), and (c).)	anust	and the second s		2	ONSET AND DE	VEEN ATH
	Conditions, if ony	DUE, which gave	TO (b)	Hannel						
	rise to immediat stoting the unde last.									
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CO	INDITION GIVEN IN F	PART 1(a)		19. WAS AUTO PERFORME YES N	PSY D? VO X
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL	2Dc. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19 2Dd. INJURY OCCURRED While at work at									
	21. I certify that (4) (this haspital) attended the deceased from July 22, 1966, ta July 23, 1966, that (4) (we) la saw the deceased alive on July 23, 1966, and that death accurred al2:30pM, from causes and an the date stated above									
	22a. SIGNATURE	Osa	cus/	Malaurin	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE:	SIGNED 6	
	22c. PHYSICIAN'S NAME (Type		cLaurin	V	22d. ADDRESS 3415 Ha	amitlon S	t. Hyat	tsvil	Le, Md.	
-230	REMOVAL (Specify	ON, 23b. DATE TH		23c. NAME OF CEMETERY OR	Mem. Park		N (City or Town	Ma	unty) (Sto	ote)

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATUR

1966

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove cerbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, or removal, and in any event, within 72 haurs after death.

24. FUNERAL DIRECTOR 4.5, Washingtone Sens

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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		mbe II	13 hours		water a
	rogard Ardi	F SILE	Latino	s Levenab, s'aga	Prince Con
only on the		htmffoil	V	01110	
		38/35/01		To come	B olsk
	38 1 1 130p	Voly 12		No.	
				Take - Land	
A 6N - LLivetingli	ri malaksi	HIJHE T		riggetell susua	

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARVIAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTI	CAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
10372	CERTIFICATE OF DEATH	10365
PLACE OF DEATH	1 2 IISHAI DESIDENCE (Where decessed lived If	institution: Posidence hofore admission)

-	e. COUNTY	Dwines (laamaa				e. STATE		b. C	OUNTY	(C31UCHUC	Delute admission,
_	h CITY OF TOW	Prince (Lo I ENC	MARYLAI TH OF STAY IN		c. CITY OR TOWN		of Colu		and alu	o nearest town)
	write RURAL	and give nearest	town)		ox.5 M			shingt		, Write RURA	- and Riv	7 - 2
	d. NAME OF HOS	SPITAL OR INSTIT	UTION (if not				d. STREET ADDRE		DOM		9	. IS RESIDENCE ON A FARM?
		Sacred H	leart Ho	ome			25	00 Que	Street.	N.W.	Y	ES NO K
3.	NAME OF DECEASED		First		Middle		Last	4. D/	ATE M	onth	Day	Year
	(Type or print)		Marv		Ann		Holt	DI	EATH Ju	ly	26	19 66
5.	SEX	6. COLOR OR RA		IED NEVE	R MARRIED	8.	DATE OF BIRTH		IO ACE (In vo	are LEUNDER	1 YEAR	IF UNDER 24 HRS.
	Female	White	WIDOW	ED 🗌	DIVORCED	A	ugust 8,	1875	90 yrs			Hours Min.
10 du	a. USUAL OCCUPAT	TON (Cive kind of ving life, even if re	vork done 10	b. KIND OF BU	ISINESS OR		11. BIRTHPLACE	(County & S	State, or foreign cou	intry) 12. C	ITIZEN (OF WHAT
	Nor						Philade	lphia	. Pa.	Uni	ted	States
13	. FATHER'S NAM	E					14. MOTHER'S M	AIDEN NAM	E			
		John	n Patri	ck Holt					Lydia	Keily		
15 (Y	es, no, or unkown)	EVER IN U.S. ARME	D FORCES?	16. SOCIAL SE	CURITY NO.	17. If	FORMANT		Ad	dress		11/19/13
	No			44 36	7092	Sac	red Heart	Home	, Hyatts	sville,	Mar	vkand
	18. CAUSE OF	DEATH [Enter onl	y one cause p	er line for (a),	(b), and (c).]						INTER	RVAL BETWEEN
	PART I. DE	ATH WAS CAUSEI	D BY:	001	VGE S	TIV	5 146	ART	EAIL	URZ		ET AND DEATH
	4500		DUE TO									
	Cenditions, If	any, which	(b)	ART.	GRI	20	CLERO	614			60	RAPUAL
	gave rise to cause (a), st		DUE TO									
	underlying caus	rating the	(c)	0	L D	1	1 ans					
CERTIFICATION	PART II. OTHER S	ICNIFICANT CON		RIBUTINC TO D	EATH BUT NOT	RELATE	D TO THE TERMINA	AL DISEASE	CONDITION GIVEN	IN PART 1(a)	19. YE	WAS AUTOPSY PERFORMED?
CERTIF	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING NC □ CAUSE OF FIFY MEDICAL EX	G 20b DEATH AMINER)	. DESCRIBE	HOW INJURY	OCCURF	RED. (Enter nature	of Injury	In Part I or Part	II of Item 18	3.)	
MEDICAL	20c. TIME OF I Hour a.m		WI	d. INJURY OCC nile Not V	Vhile -	PLACE factory,	OF INJURY (Home street, office bldg	e, farm, 20 (., etc.)	of. (City or town) (Co	unty)	(State)
	21. I certif	y that (I) (this					an		to Jul	, 19_0	, c, th	at (I) (we) last
	saw the dec	ceased alive-on.	JULY	25 19	OGC, and	that d	eath occurred a	trap M	, from the caus	es and on	he date	stated above.
	22a. SIGNATUE	3.E	0/				ATTENDING -	MED.	STAFF	22b. 1	ATE SIC	NED
	22c. PHYSICIA	N'S DR	-70	Dan	U JAN	M.D.	PHYS. 22d. ADDRESS	DIRECTO	R PHYS.		46	160
13	NAME (Ty		is n	1150.	- '		B=2 -		SOA	MA	ry	LAND
238		ATION, 23b. DA	TE THEREOF				R CREMATORY		LOCATION (City			(State)
	urial (Spe	July	29,19	66 We:	st Min	ist	er Cem.	Bal	a-Cynwy	rd, Per	na.	
24	. FUNERAL DIRE	CTOR	7	AD	DREDist	.of	CO1 25a.	REC'D BY R	EGISTRAR 25b.	REGISTRAR	'S SIGN	ATURE
A	to Now!	WEVOL	5555		ve.NW.				9 1966	filla	reg	Judge
-												-

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Shrial - Laly 29,1960 West Miniater Cent Bais-Cynnys, Henry

A Associate Mischae Mischae Mil. West M. 2222 Miles Mi

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF 10373 STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10366

1. PLACE DF DEAT	Н			2. USUAL RESIDEN	CE (Where deceased li			e before admission)	
	George's		MARYLAND	a. STATE b. COUNTY Maryland Prince George's					
b. CITY OR TOV	VN (If outside corpora and give nearest tow	te Ilmits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corporate				
Chever	and give nearest tow	/n)	19 days	Mt. Rai	nier		11	,	
	9	ON (If not In h	ospital, give street address)	d. STREET ADDRESS			16	e. IS RESIDENCE	
	George's G				th Street		3.0	ON A FARM? YES NO	
3. NAME OF	FI	rst	Middle	Last	4. DATE	Month	Day		
(Type or print)	Me	ta	В.	Huntt	OF DEATH	July	21	19 66	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR	RIFUNDER 24HRS	
Female	White	WIDOWED	DIVORCED	3/2/77	last b	Irthday) Mo	onths Days	Hours Min.	
1Da. USUAL OCCUPA	TION (Give kind of work king life, even if retire	done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (C	County & State, or forel	gn country)	12. CITIZEN COUNTR	OF WHAT	
Ketired	ting mo, even m retire	U.	5. Gov't	Maryla	nd		U.S.		
13. FATHER'S NAM	ΛE			14. MOTHER'S MAI					
Philip	p F. Tippe	ett		Margar	et V. To	wnshe	nd		
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
No	NO	il service)	Ber	madine C.	Huntt-D	aught	er San	ne as2d	
18. CAUSE OF	DEATH [Enter only on	e cause per	line-for (a) (b) and (c) I	4			INT	ERVAL BETWEEN	
	EATH WAS CAUSED BY	: /	mouch	o pone	cerus	ruc	ON	SET AND DEATH	
4913	IMMEDIATE CAUSE		0 0 1						
Conditions, If	DUE	TO							
gave rise to		(p)							
cause (a), s	stating the DUE	TO							
underlying cau		(c)					- 100	Was all Topov	
PART II. OTHER	0	ONSCONTRIB	UTING TO DEATH BUT NOT RELA			GIVEN IN PA	RT 1(a) 19.	WAS AUTOPSY PERFORMED?	
20	dvone	ed .	generale	gd an	leno	· lou	RES Y	ES NO	
PART II. OTHER 2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEA	TH NER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f Injury In Part I or	Part II of I	tem 18.)		
	INJURY Month, Day,		INJURY OCCURRED 120e. PLA	CE OF INJURY (Home, f	arm, 20f. (City or	toum)	(County)	(State)	
20c. TIME OF Hour a.		While	footo	ry, street, office bldg.,	etc.)	town)	(County)	(State)	
p.	m. 19	at wor		^					
21. I certi	fy that (I) (this hos	oital) attend	led the deceased from		966, to gu			hat (I) (we) last	
	ceased alive on	jus	20 19 66, and that	death occurred at	130M, from the				
22a. SIGNATU	呼ん人	(2)		ATTENDING	MED CT		22b. DATE SI	A	
10	eru /) Co.	were M.C	ATTENDING N	MED. STA		July 4	1,1966	
22c. PHYSICI.		D Com	20 20 020	22d. ADDRESS		1			
TOWNE (1	DI. DOIL	D. Can	le ron	3503 Perr	y St., Mt.	Raini	er, Md.		
23a. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town	or county)	(State)	
REMOVAL (Sp	2 7-2	5 66	Codar A	till	Suit	Tan	d	md	
24. FUNERAL DIR	ECTOR		ADDRESS	25a. RE	C'D BY REGISTRAR	25b. REGI	STRAR'S SIGI	NATURE	
2	Lee of	WILL	Z STE	DC DATE J	UL 25 198	66 40	laylen	Judge	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

				10001
1. PLACE OF DEATH a. COUNTY PRINCE GEORGE	MARYLAND	2. USUAL RESIDENCE (Whare a. STATEMARYLAND		Residence before edmission) INCE GEORGE
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) LAURET,	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporata limits, write RURAL	and giva neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS		e. IS RESIDENCE
	prior, give shoet addition,	o. other Appress		ON A FARM?
337 Prince George St.			eorge St	YES NO
3. NAME OF DECEASED (Type or print) ELLA von Minden	Middle Je	Last 4. DAT OF DEA		Dey Year 0. 1966 19
S. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeers IF UNDE	R TYEAR IF UNDER 24 HRS.
Female Caucasian WIDOW		June 29, 1878	last birthdey) Months	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Y 11. BIRTHPLACE (County & Stete		CITIZEN OF WHAT COUNTRY
Housewife 13. FATHER'S NAME	none	GERMANY		USA
		14. MOTHER'S MAIDEN NAME		
Justus von Minden		(deceased)	unknown	
	0-44-8099 Mr.	NFORMANT William Jackson	Jr.,333 Pr.G	eo.St.,Laurel
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate ceusa (a), steting the underlying cause last.		tery vicle	sucn_	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY PERFORMED?
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pert I or I	Pert II of item 1B.)	1100 [] 110 []
20c. TIME OF INJURY Month, Day, Yeer 20d. While Print	Not While fect	CE OF INJURY (Home, ferm, 20f. (ory, street, office bldg., etc.)	(City or town) (C	ounty) (State)
21. I certify that (I) (this hospital) attentions the deceased alive on		death occurred at J. P.M. fr		
220. SIGNATURE THUM HUCAN 22C. PHYSICIAN'S	in fre m	ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	STAFF PHYS.	22b. DATE SIGNED
NAME (Type) Frank L. Wear	ver,/	320 Montgomery	St., Laurel,	Maryland
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. L	OCATION (City, town or cou	inty) (State)
BURIAL July 22,1966	Crest Haven M		liton, New Jer	
Harold S. Wade, 550 Wash, Bly	ADDRESS 7dLaurel.Marv	1111 0	9 1966 FCL	s signature arley Judge

VR A1S (4) 20M S-63

TO THE PARTY OF TH the first bank and the first the unit TELEGRAPH CONTRACTOR C A TABLE OF RELATIONS.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 10375 CERTIFICATE OF DEATH

1. PLACE OF OEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
a. COUNTY Prince George's MARYLAND	Maryland Prince George's						
Prince George'S MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)						
Cheverly 1 day	Beltsville //a-/						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
Prince George's General Hospital	13038 Ingleside Drive ON A FARM?						
3. NAME OF First Middle	Last 4. OATE Month Day Year						
DECEASEO (Type or print) Anna Worrall	Jaillite DEATH July 5 19 66						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS.						
Female White WIDOWEO DIVORCED	10-16-81 last birthday) Months Oeys Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Housewife	1 14. MOTHER'S MAIDEN NAME						
Ambrose Worrall	unobtainable						
15. WAS OECEASEO EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address						
	Varren R. Jaillite-39 N.E. 64th St.						
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	Okahoma City, Charterval Between						
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	7-4-66						
1/-3 - 1							
Conditions if any which i	Hart da Dine Charle						
gave rise to immediate	Heart fact and country						
cause (a), stating the DUE TO							
underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	VES NO						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO THE CONTRIBUTING TO DEATH BUT NOT RELIED TO THE CONTRIBUTING TO CAUSE OF OF OF OTHER CONTRIBUTING CAUSE OF OF OTHER CONTRIBUTING CAUSE OF OTHER CONTRIBUTING TO CAUSE OF OTHER CONTRIBUTING TO CAUSE OF OTHER CONTRIBUTING TO DEATH OF OTHER CONTRIBUTING TO DEATH BUT NOT RELIED TO THE CONTRIBUTING TO THE CONTRIBUTION TO	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)						
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)						
	ry, street, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from	- 2/ 1966 to 7/5 1966 that (I) (we) last						
saw the deceased alive on 7 / 5 1966, and that	t death occurred at 10 M, from the causes and on the date stated above.						
22a. SIGNATURE	22b. DATE SIGNED						
	ATTENDING MED. STAFF 7/5/66						
22c. PHYSICIAN'S M.I	D. PHYS. KX DIRECTOR PHYS. 122d. ADDRESS						
NAME (Type) George J. Hageage, M.D.	3717 38th Ave. Cottage Coty, Md.						
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)						
Removal 7/8/66	Council Grove, Kansas						
24. FUNERAL DIRECTOR AODRESS	1000 001. 10 11.100						
The S.H. Hines Co. Washington, D.	C. DATE JUL 8 1966 Johnson Judge						

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10376

CERTIFICATE OF DEATH

10369

		70000								
		LACE OF DEATH D. COUNTY	Prince George	maryland	O STATE	Where deceosed lived, if institution: R b. COUNTY b. COUNTY	esidence before odmission) ince Georges			
	b		If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carparate limits, write RURAL ar	nd give nearest tawn)			
		write RURAL and	give nearest town)	3 days	H					
1	4	Chever1	AL OR INSTITUTION (If not in haspite	1	Hyattsville Md. / 6 d. STREET ADDRESS e. IS RESIDENCE					
1			George's Genera		H	56th Place	ON A FARM? YES NO			
F	3. N	NAME OF	First	Middle	Last	4. DATE Month	Doy Year			
		Type ar print)	Alfred	1	enkins	OF July	1, 19 66			
-	s. s		6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	D CHITT.	INDER 1 YEAR IF UNDER 24 HRS.			
1	r	male	white WIDOW	ED DIVORCED	March 4, 18	76 yrs.	nths Days Haurs Min.			
	10o.	USUAL OCCUPATION		. KIND OF BUSINESS OR LNDUSTRY	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?			
	auril	ethodis	life, even if retired) st Minister	Church	South Wale	es, England	USA			
1		FATHER'S NAME			14. MOTHER'S MAIDEN I					
		Will	iam Jenkins		Carolin	ne Taylor				
1	15.			16. SOCIAL SECURITY NO. 17.	INFORMANT	Address				
	(Yes	no, arunknawn)	(If yes give war or dates af service)	166 10 8679 A	Marion P	Bryce Hyattsv	ille Md.			
	T	1B. CAUSE OF DI	EATH (Enter only one couse per line	far (a), (b), and (c).)			INTERVAL BETWEEN			
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	HLARTF	111181		3 ONSET AND DEATH			
		420								
		Conditions, if any	, which gave) (b)	ARTERIAS	LLEROTI	C AT. Depen	- 17W2-			
		rise to immediat	e couse (o), (DUE TO							
		stating the unde	riying couse (c)							
+	-			NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY			
	CERTIFICATION	TAKT II. OTHER SI	ONITIONS CONTRIBUTIONS	TO TO DEATH DOT NOT RESIDED TO	THE TERMINAL DISEASE CO.	WHOM OTTEN HET AKE T(0)	PERFORMED? YES NO			
	Ĕ	20a. ACCIDENT WA		DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 1B.)				
			CAUSE OF DEATH MEDICAL EXAMINER)							
	MEDICAL			d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm	, 20f. (City or town)	(County) (State)			
	묉	Haur a.r	n. W		tory, street, office bldg., etc.)					
	1	21. I certi	11.	work \ at work \ tended the deceased from	por an	964, to 1 Dely	1966, that (I) (we) last			
			eceosed alive on	uh 19 BC, and the	ot deoth occurred of	My from couses and				
	ľ	220. SIGNATURE	1 //	1///	ATTENDING >	MED. STAFF	2b. DATE SIGNED			
			1 thin	Ketze M	.D. PHYS.	DIRECTOR PHYS.				
		22c. PHYSICIAN'S			22d. ADDRESS	1-7 701 701	1 7 16 7 1			
		NAME (Type	John Kehoe M	D.	0300 K1Ve	rdale Rd., River	dale, Maryland			
f	23 a.	BURIAL, CREMATIC		23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)			
		REMOVAL (Specify Burial	July 4, 19	66 Whitfield C	emetery	Lanham, Md.	Pro Georges			
1	24.	FUNERAL DIRECTO	R	ADDRESS	2Sa. REC'E	D BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE			
		F. Ga	asch's Sons	Hyattsville, M	Id. DATE	JI 5 1986 RC	iarles Judge			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, or removal and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the divining yevent, within 72 hours after death. death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1.		e George's		MARYLA	IND	a. STATE		b. COUNTY	ion: Residence ce Geor	
	(b. CITY OR TOW write RURAL Cheverly	N (if outside corpora and give nearest tow	te limits, vn)	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest too Hyattsville // /				
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADDRES	SS		0	. IS RESIDENCE	
1	-		eorge's Gen					16th Av			ON A FARM?
	3.	NAME OF DECEASED (Type or print)	Jo	hn	Middle Edwin		Jenkins,	4. DATE OF DEATH	July	Day	Year 1966
	5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	3 8	DATE OF BIRTH		AGE (In years IFU	NDER 1 YEAR	
]	Male	White	WIDOWED			7/8/37		28 yrs.	ths Days	Hours Min.
	10a dur	. USUAL OCCUPATION IN MOST OF WORK	FION (Give kind of work ing life, even if retire tsman	done 10b.	KIND OF BUSINESS OR INDUSTRY					COUNTRY:	?
	13.	FATHER'S NAM	IE .				14. MOTHER'S MA	AIDEN NAME			
	15	WAS DECEASED	John E.	Jenkin	s Sr.	177	INFORMANT	Mary	4.44	ecease	
	(Ye	s, no, or unkown)	(If yes give war or dates	of service)							th Avenue
		No			12-38-7332		n E. Jenki	ins,Sr_	H		ille,Md
			DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE		in Abscess,		nt frontal	lobe			RVAL BETWEEN ET AND DEATH
		7545	IMMEDIATE CAUSE	TO							
		Conditions, If any, which gave rise to Immediate (b) Congenital Heart Disease									
		cause (a), stating the DUE TO									
	_	underlying caus		(c)							
5	CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITION	ONS CONTRIB	BUTING TO DEATH BUT NO	TRELAT	ED TO THE TERMINA	AL DISEASE CON	DITION GIVEN IN PART		WAS AUTOPSY PERFORMED?
0	CERTIF	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEATIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	OCCUI	RED. (Enter nature	of Injury in Pa	ert I or Part II of ite	m 18.)	
	MEDICAL	Hour a.	INJURY Month, Day, n. m. 19	Year 20d. While at wor	Not While	e. PLAC factor	E OF INJURY (Home y, street, office bldg	., etc.)	(City or town)	(County)	(State)
		21. I certify that (I) (this hospital) attended the deceased from June 6 , 1966, to July 1 , 19 66, that (I) (we) last saw the deceased alive on July 1 19 66, and that death occurred at 2:55M, from the causes and on the date stated above.									
		222 SIENATURE DIN DING MED. 22b. DATE SIGNED 7/1/66									
		22c. PHYSICI/ NAME (T	N'S Robert	A. Mend	delsohn, M.D		22d. ADDRESS		Silver Sp	ring,	Md.
	23a	REMOVAL (Sp	MATION, 23b. DATE		23c. NAME OF CEM				CATION (City, town		(State)
	24.	Burial FUNERAL DIRI	7/4/66 ECTOR)	Sunset Mer	nori	al Park	REC'D BY REGIS	erland All	eg Mar TRAR'S SIGN	y Land ATURE
9		H. Tee	Silcox Cum	berlar	nd. Maryland	215	O2 DATE	JUL 5	1966 00	leanla	0

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FOR STATE

PM3. Page arry delay is

in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

"pending"

the funeral directar. Page 4 should be forwarded to the Chief Medical

necessary, please execute the certificate, writing the ward

Exeminer's Office alang with form

10270

Ne beges 1 and 2 with the State Department of Health ar its designated agent, priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10378	MEDICA	L EXAMINER	S CERTIFICATE	OF DEATH	1	0371	
I. PLACE OF DEATH				(Where deceosed lived,			
o. COUNTY Prince George's MARYLAND			o. STATE Ma.rvla:	o. STATE Maryland Prince George's			
b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
write RURAL and give nearest tawn) Cheverly		DOA	II.	Bradbury Heights		16-1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)			d STREET ADDRESS	d. STREET ADDRESS You e. IS RESIDENCE			
Prince George's General Hospital			1			ON A FARM?	
3 NAME OF			5307/1	Street	**	YES NO X	
DECEASED	First	Middle	Last	4. DATE OF	Month	Doy Year	
	oshua	Earl	Jenkins	DEATH	- It IIIIDED	9 1966	
S. SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In	yeors IF UNDER	1 YEAR IF UNDER 24 HRS. Doys Hours Min.	
male white	WIDOWED	DIVORCED	4-3-1900	66	yrs.		
10o. USUAL OCCUPATION (Give kind of work do during roos of working life, even if retired)	ne 10b. KIND OF Anton	BUSINESS OR Tool Snop	Washingt			TIZEN OF WHAT UNITRY? USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	•			
John V. Jenkins		b		E. Disney			
IS. WAS DECEASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL		7. INFORMANT		Address	ame as	
(Yes, no or unknown) (If yes give wor or date	es of service) 578-	38-1638	Mrs. Edna F.	Jenkins (Wife)	# 2	
18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAU	, , , , ,		leart failure			INTERVAL BETWEEN	
	UE TO						
Conditions, if ony, which gove rise to immediate couse (a),	(b)	Hypert	ensive arter	rioscleroti	c heart d	1 sease	
stoting the underlying couse	UE TO						
lost.	(c)					9 yrs.	
PART II. OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEA	ATH BUT NOT RELATED 1	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN PAR	1(0)	19. WAS AUTOPSY PERFORMED? YES NO X	
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE	HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of iter	n 18.)		
20c. TIME OF INJURY Month, Doy, Yeor Hour a.m. p.m.	9 20d. INJURY While of work		PLACE OF INJURY (Home, for factory, street, office bldg., etc		town) (Co	unty) (Stote)	
21. I certify that I taak cha	rae at the remains	described above	held an Autopsy	Inspection X,	Inquiry X,	and in my opinian	
			uicide . Hamicid		ined manner	_ ′ ′	
dodni lossilos / I	V. Lan	Accident [], 3	CHIEF MEDICA		inca manner _	,	
ACTUAL	1018/1		ACCICYANY ME	DICAL EXAMINER		22. DATE SIGNED	
SIGNATURE				CAL EXAMINER X		7-9-66	
NAME (Type) John Kehoe	M.D., Rive	rdale. Mar		et, city, town, or county		, ,	
230. BURIAL, CREMATION, 23b. DATE		NAME OF CEMETERY		23d. LOCATION (C		(County) (Stote)	
REMOVAL (Specify)		edar Hill		Suitland	l, Marylar		
24. FUNERAL DIRECTOR & Bro		ADDRESS		D BY REGISTRAR	2Sb. REGISTRAR'S S	IGNATURE	
Simmons pros. lool-	Gd. Hopes	KD. SE. Wa	sh. DO DATE	JUL 12 191	56 Ma	vles Judge	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

10379

CERTIFICATE OF DEATH

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5	10.3	2 3	4	Fee

70063	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
o. COUNTY Prince Georges MARYLAND	a. STATE b. COUNTY
h CITY OR TOWN (If outside corporate limits C FNGTH OF STAY IN 1h	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	10-2
Glenn Dale (rural) 3 months	Washington 4/3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	ON A FARM?
Glenn Dale Hospital	564 Oklahoma Avenue N. E. YES NO W
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) Nellie Marie	Johnson DEATH July 29 19 66
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Fomala Nagra WIDOWA DIVORCED	last birthdoy) Months Doys Hours Min.
Female Negro WIDOWARD DIVORCED DI	11/23/1903 62 yrs. 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
during mast of working life, even if retired) INDUSTRY	COUNTRY?
Housewife	Howard County, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. Henry Darcy	Catherine Boardley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address
(Yes, no, or unknown) (If yes give wor ar dotes af service) None	Jana Jana
18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	decedent I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Arteriosclerotic	ONICET AND DEATH
IMMEDIATE CAUSE (0)	heart disease with auricular 3 years
Joe 10	
Conditions, if ony, which gove (b) (b)	
stoting the underlying couse DUE TO	
last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
Pulmonary tuberculosis 002/	YES NO
0	D. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	PLACE OF INJURY (Home, form, 20f, (City ar tawn) (Caunty) (State)
	PLACE OF INJURY (Home, form, octary, street, affice bldg., etc.) 20f. (City ar tawn) (Caunty) (State)
p.m. of wark 🗀 of wark	
21. I certify that **() (this hospital) attended the deceased from.	April 30 12, 1966, to July 29 , 1966, that al) (we) land death occurred of A. M., from couses and on the date stated above
saw the deceased pliye on July, 29 1966, and the	hat death occurred at M, fram couses and on the date stated above
22a. SIGNATURE	ATTENDING MED STAFE 22b. DATE SIGNED
1 Way Vrin	M.D. ATTENDING DIRECTOR PHYS. 7/29/66
22c. PHYSICIAN'S	22d. ADDRESS Glenn Dale Hospital
NAME(Type) Moe Weiss, M. D.	Glenn Dale, Maryland
23g. SURIAD CREMATION. 23b. DATE THEREOF 23g. NAME OF CEMETERY C	
REMOVAL (Specify)	
243 FLINFRAL DIRECTOR ADDRESS	250. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR ADDRESS	DATE AUG 3 1986 Jelianles Judge
The state of the s	I I I NATE ALLIA

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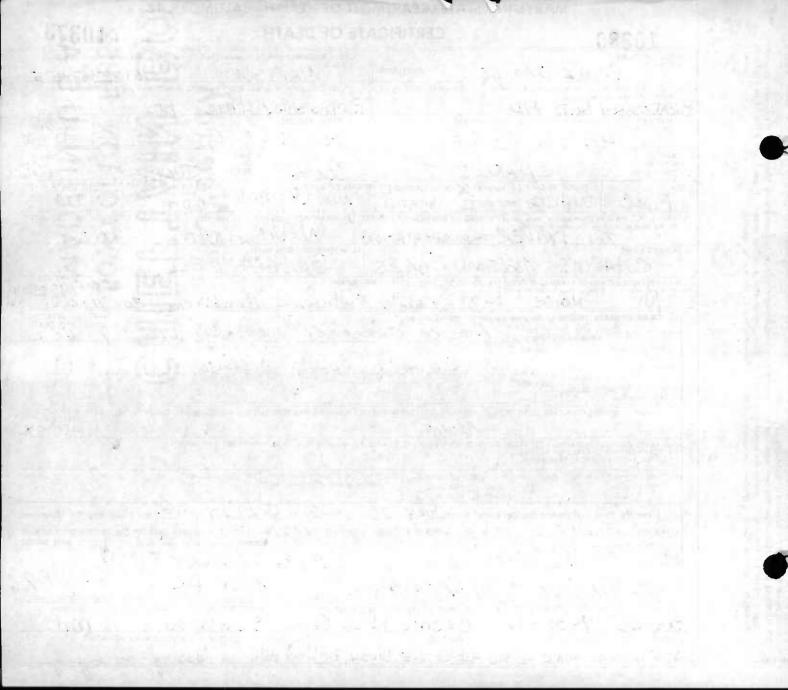
and have the Isolandi atti crefo Wints a part of Bonnes Established and broad on the Line to a desired . Direct Security of the second second

Francisco (2 mint C. Zintino) C. Litto de La La Minte (1988 - 1980) C. Minte (1988) C. Minte (

Instance with Educated CHEST OF THE STREET

doci

	1000	Keg. Dist.	No.
	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	before odmission)
	PRINCE OFORGES MARYLAND	O. STATE MARYCAND 6. COUNTY PRINCE	- GEORGE
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest lown)
P	RURAL ond give nearest town)	BRODBIAL LATE MA	16-1
-	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
	OR INSTITUTION 4810 R ST. S.E.	4810 R STSE.	ON A FARM? YES NO
	NAME OF DECEASED (Type or print) CAARIES Middle	Last 4. DATE Month OF DEATH TOWN 27	Day Yeor
		2007	19 66 YEAR IF UNDER 24 HRS.
	MALL WHITE WIDOWED DIVORCED		ays Haurs Min.
10c	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZET	N OF WHAT COUNTRY
	TAXI DRIVER TRANSPORTATION	N WEVERGINIA	1.5.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	CHARLES NELSON JONES	BERTHA BEEK	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)	NFORMANT Address	seat Pleasa
	NO NONE 377056966	Vatricia Annharis 309	79ELST 1
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE COA	EWARY OCCUSION	12 HOURS
	4201 DUE TO		
	Canditions, if any, which) (b) CORONARY	HEART DISEASE	
	gave rise to immediate (
	lying cause last.		
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/	(a) 19. WAS AUTOPSY
ATIC	Nouse		PERFORMED?
01311	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Part II of item 1B.)	TES TO VA
L CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
CA	II for	ACE OF INJURY (Hame, farm, 20f. (City or town) (Cou- ctory, street, office bldg., etc.)	inty) (Stote)
MEDI	Hour o.m. P. m. 19 While Nat while of wark of wark	soly, shoot, office blogs, cic.)	
	21. I certify, that I attended the deceased fram JULY 26	1966 to JUEN 27 10 Capat Llast	saw the deceased
		accurred at 1227 M, fram the causes and an the d	
	dive di Torre di	ADDRESS (Street, city or town, state)	DATE SIGNED
	ACTUAL ACTUAL ACTUAL OF THE PROPERTY OF THE PR	21120 (BAIRARIT SAVIS	E
	SIGNATURE (LLLL) () () () () () () () ()	W.D. 2420 - 40174101 24013	2.11 2.7 15
	PHYSICIAN'S VINCKNT J. DI FRANCES	eo washioc,	July 1796
22c	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, ar county)	(State)
-	BURIAL 7-30-66 CEODR H	I'L (FM. SUITLAND	md.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN.	ATURE
LF	EE FUNERAL HUME - 300 4TH ST. NE. WA	ISH, DC DATE AUG I 1500 yellowe	ly Vinne



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10381 HEALTH DEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a COUNTY b. COUNTY Page death. MARYLAND Calvert Prince George's
b. CITY OR TOWN (If outside corporate limits, Maryland deloy Department c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) ofter Plum Point Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours 8. Give Poges ote Wilson Road Prince George General Hospital executed within 24 hours after deoth. 3. NAME OF Middle. 4. DATE 25 t DECEASED 0 DEATH (Type or print) Edith Jones _ Office along 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR NEVER MARRIED lost birthdoy) Months DIVORCED WIDOWED Item 18 event Female Negro 3 May 1902 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done during most of working lite; even if retired) INDIISTRY Maryland. Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME .= Nancy Brown Josepha Brown E ond 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address "pending" removol (Yes, no, or unknown) (If yes give wor or dotes of service Keemer Huntingtown- Md 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (6) Shock word This certificate should cremation, DUE TO From multiple pelvic fractures, Compound forwarded to the Conditions, if ony, which gove fracture right femur and compound fracture pleose execute the certificote, writing the rise to immediate couse (a) DUE TO of right ankle stoting the underlying couse used os burial, c PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) pe 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) its designated ogent, prior 3 should PRIMARY STOR CONTRIBUTING CAUSE OF DEATH. 4 should Passenger of car which struck bridge abuttment.

Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (Coun 20c. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED While of work of work of Rt. 381 at Prince Geo. & Charles County Line. FUNERAL DIRECTOR: Poge Poge 7-31- 19 66 9:00pmp.m. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 3 Inquiry x the funeral director. Accident X deoth resulted from: Noture Pouses Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Kehoe, M.D. Address (Street, city, town, or county) John Riverdale, Md. 230. BORIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 50 REMOVAL (Specify) 8-4-66 Plum Pt.C.Cem. Plum Pt. 24. FUNERAL DIRECTOR

VR ATSME (S) 6M 1/66

Prince Fred. Md.

250 REC'D BY REGISTRAR

(County) Calvert.Md

e. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19 WAS AUTOPSY

PERFORMED? NO

ond in my opinion

22. DATE SIGNED

Dovs

12. CITIZEN OF WHAT

COUNTRY?

ON A FARM? YES TO NO

25h REGISTRAR'S SIGNATUR 1966

Marles

all services brighted from the profile for the party And the state of t and the Justine of the Line of

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page any delay is

To FUNERAL DIRECTOR: Page 3 should be used as o buriol-tronsit permit. File pages lond 2 with the State Department of Health or its designated agent, prior to burial, cremotion, or removal, and in ony event within 72 hours ofter death.

VR A15ME (6)

This certificate should be executed within 24 hours ofter death. If

TO DEPUTY MESTLAL EXAMINER:

		1	0	3	8
1.					EAT
	a.	COL	JNT		
					Pr
	b.				OWI
					RAL
		G.	ae	V	er
	d.	NA	AE	OF	HOS
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3.		AME			
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	-	/pe	or	prir	it)
S.	SE	X			
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					IPAT
dur	ing	me	計	ST W	ark

I. PLACE OF DEATH G. COUNTY	· · · · · · · · · · · · · · · · · · ·			NCE (Where deceased live		idence befare admission
	ce George's	MARYLAI	o. STATE Marvla:	nd	b. COUNTY Calve	wt
b. CITY DR TOWN (If at	utside carparate limits,	c. LENGTH OF STAY IN 1	b . C. CITY OR TOWN	(If outside carporate limit	s, write RURAL and	give nearest town)
write RURAL and give	ve nearest tawn)	201				1 7
Cheverly	OR INSTITUTION (If not in ha	DOA	Plum Po			e. IS RESIDENCE
d. NAME OF HOSPITAL (אטווטוווצאו אט (וז nat in na	spiral, give street addressy	G. SIKEET ADDRE	77		ON_A_FARM?
Prince Geo	orge General	Hospital	Wilson	Road		YES NO
3. NAME OF	First	Middle	Last	4. DATE	Manth	Doy Year
(Type or print)	Ernest	James	Jones	OF DEATH	7	31 19 66
S. SEX 6.	COLOR OR RACE 7. MA		8. DATE OF BIRTH	9. AGE		DER 1 YEAR IF UNDER 24 HR
Male N	WID WID	OWED DIVORCED	10 May 1		birthday) Montl	hs Days Hours Min.
10o. USUAL OCCUPATION (Gi	Vegro	10b, KIND OF BUSINESS OR		(State ar fareign cauntry)		2. CITIZEN OF WHAT
during meet of warking life,		INDUSTRY		yland	3 3000	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S M.			
	t Tomas On					
	t Jones Sr.	The sould around the		ie Mackall		
15. WAS DECEASED EVER IN	I U.S. ARMED FDRCES? yes give war ar dates af servici	16. SOCIAL SECURITY ND.	17. INFORMANT		Address	
(***)	/ g		Randolp	h Jones	Plum	Point
18. CAUSE OF DEATH	H (Enter anly ane cause per	ine far (a), (b), and (c).)				INTERVAL BETWEEN
PART I. DEATH V	NAS CAUSED BY: IMMEDIATE CAUSE (a)	Shock				minutes
8194	THIRD INTE CHOSE (0)	From bilateral	homothoray			minutes
Conditions, if ony, wh						minutes
rise ta immediate co	ause (o).	From multiple				
stating the underlying	ing couse	And fracture o	i right iem	ur		minutes
last.) (c)					Tan une ultoney
PART II. OTHER SIGNI	FICANT CONDITIONS CONTRIBI	JTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEA	ASE CONDITION GIVEN IN PA	ART 1(a)	19. WAS AUTOPSY PERFORMED?
AII						YES NO
20g. EXTERNAL CAUSE PRIMARY A G CDNTRI CAUSE OF DEATH	WAS	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of in	ury in Part I ar Part II af i	tem 1B.)	
PRIMARY A Gr CDNTRI	IBUTING L	Danasam of	oom trining	tmale baidee	abuttmo	nt
20c. TIME OF INJURY	Month Day Year	Passenger of	le. PLACE OF INJURY (Hom	e, form, 20f. (City	ar tawn)	(County) (State)
Haur a.m.						
9 · OOmp.m.	7-31- 19 661	While at wark at wark R	t.381 at Pr			
21. I certify t		ne remains described abov	re, held an Autopsy	, Inspection	, Inquiry 😿	, and in my apinio
death resulted	from: Natoral caus	s , Accident x,	Suicide , Han	nicide 🔲 Undeter	mined manner	
	1 1/1	1	CHIEF M	EDICAL EXAMINER		
ACTUAL SIGNATURE	(John /	10 tot	M.D. ASSISTAL	NT MEDICAL EXAMINER		22. DATE SIGNE
EXAMINER'S	7	10011		MEDICAL EXAMINER		
NAME (Type)	hn Kehoe, M.I	Riverdale,		(Street, city, tawn, or cour	ity)	8-1-66
23a. BURYAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETER	11/4	23d. LOCATION		
REMOVAL (Specify)	8-4-66	Plum Pt.		PlumPt	1 /	(County) (Stote)
24. FUNERAL DIRECTOR	0-4-00	ADDRESS		. REC'D BY REGISTRAR	2Sb. REGISTRAF	
1-	A .					
1. 2. 5.	Janoll Pr	ince Frederi	ck.Md DA	E AUG 8	1966 00	Marle Jules

TO THE RESERVE OF THE PARTY OF COSSI - LA LA CONTRACTOR DE CONTRACTOR DE LA CONTRACTOR The are for a first the second of the first of 2. TO THE PART PROTE July 1 cold Colors STEPHEN STORY OF THE STORY OF T The Fall of the Control of the Contr

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE		10383		MED	ICAL EXAMINER	S CERTIFICATE	OF DEATH	11	1376	
DEPT.		PLACE OF DEATH D. COUNTY Prince	e George!	q	MARYLAND	2. USUAL RESIDENCE o. STATE Marvla	(Where deceosed lived, if in b.	nstitution: Residen COUNTY Calvert		dmission)
Department of rs after death.		CITY OR TOWN (If ou	tside corporate limits		c. LENGTH OF STAY IN 16-		outside corporate limits, wri			own)
after o		Cheverly	re nearest tawn)		DOA	Plum Po	int		-	14.5
		I. NAME OF HOSPITAL O	NOTITUTION (If no	ot in haspital		d. STREET ADDRESS	LIIO			S RESIDENCE
99							and.		VES	N A FARM?
99	2	Prince Ge	orge Gene	ral Ho	SPITAL Middle	Wilson R	4 DATE	Month		
		DECEASED	C C	SI	Middle		OF	Month	Doy	Year
	S.	Type or print)	COLOR OR RACE	7. MARRIED	C NEWER MARRIED C	Jones 8. DATE OF BIRTH	9. AGE (In year	ors IFUNDER	31	19 66 UNDER 24 HRS
	M	ale N	egro	WIDOWED	NEVER MARRIED DIVORCED	2/26/63	lost birthdo	gy) Months yrs.	Doys H	lours Min.
	10o duri	USUAL OCCUPATION (Ging most of working life,	ve kind of work done even if retired)	10b. K	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (State			TIZEN OF WI	TAH
,	13.	FATHER'S NAME		«		14. MOTHER'S MAIDEN	NAME		1	
	-	R	andolph	Jones		Shir	rley Jeffer	rson		
		WAS DECEASED EVER IN	U.S. ARMED FORCES?	16.		7. INFORMANT		Address		-
	(Ye	s, no, or unknown) (If y	es give wor or dotes o	of service)		Rando	olph Jones	Plum		
		18. CAUSE OF DEATH PART 1. DEATH V		se per line for	(a), (b), and (c).)				INTERV	AL BETWEEN
	-1	PART I. DEATH Y	IMMEDIATE CAUSE	(o) Lace	eration of br	ain				AND DEATH
		X194		10 From	n fracture of	skull			minu	ites
		Conditions, if ony, what rise to immediate co	use (n)	(b)						
		stoting the underlyin		TO						
	9	last.	,	(c)						
Ò	MEDICAL CERTIFICATION	PART II. OTHER SIGNIF	FICANT CONDITIONS O	ONTRIBUTING '	TO DEATH BUT NOT RELATED	O THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1((0)	19. WA PER YES [AS AUTOPSY REFORMED? NO 5
	RTIFIC	20o. EXTERNAL CAUSE PRIMARY TO or CONTRI		20b. DE	SCRIBE HOW INJURY OCCURR	D. (Enter noture of injury in	n Port I or Port II of item 1	8.)		
	9	CAUSE OF DEATH.	B011110 🖂	Pas	senger of car	which struc	k bridge abi	attment.		
ogent,	OICA	20c. TIME OF INJURY	Month, Doy, Yeor	20d. I	NJURY OCCURRED / 20e.	PLACE OF INJURY (Home, for	rm. 20f. (City or tow	vn) (Cou	unty)	(Stote)
3/6	ME	Hour o.m.	7-27- 19	66 of wor	Not While of work of Rt.	381 at Princ	ce Geo. & Cha	arles Co	untv	Line.
gnarea	-	21 certify the	nat I taak charae	e of the rer	mains described abave,	held an Autansy	Inspection &	Inquiry Tel.	and in	my apinia
		death resulted		causes 7		uicide , Hamicid				my apima
2		dodin rosonod	7 77	6	I, region La,		AL EXAMINER	d manner _		
		ACTUAL SIGNATURE	Unto	140	M		EDICAL EXAMINER		22.	DATE SIGNED
		EXAMINER'S	44	1		m.U.	CAL EXAMINER X			
2		NAME (Type) JC	In Kehoe,	M.D.	Riverdale, M		et, city, town, or county)		8-1-	-66
-	230	SURIAL, CREMATION,	23b. DATE THI	REOF	23c. NAME OF CEMETERY		23d. LOCATION (City	or Town)	(County)	(Stote)
		REMOVAL (Specify)	8/4/6	56	Plum Poi	nt Cem.		Calve	rt	Md.
7	24	FUNERAL DIRECTOR			ADDRESS		C'D BY REGISTRAR 2S	Sb. REGISTRAR'S SI	IGNATURE	
de		P8.501	1 PP PT	ince	Frederick.	Md - DATE A	AUG 8 1966	ocha	relen &	udge.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remote carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10384 CERTIFICATE OF DEATH
1()377

1.	PLACE OF DEATH a. COUNTY Prince George		ARYLAND	SUAL RESIDENCE (Whe . STATE AT LAND			
	b. CITY OR TOWN (If outside corporate is write RURAL and give nearest town) Cheverly	imits, c. LENGTH OF S		TY OR TOWN (If outside Mount Raini		te RURAL at	nd give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	et address) d. ST	REET ADDRESS			e. IS RESIDENCE
	Prince George's Ge	neral Hospita	1	3608 Bunker	Hill Road		ON A FARM? YES NO
	NAME OF First DECEASED (Type or print)	n A.		ones 0	ATE Month F July		23 Year 66
5.	Mala Uhita	MARRIED NEVER MAR		4/1897	9. AGE (In years last birthday) 68 yrs.	Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
10a dur	i. USUAL OCCUPATION (Give kind of work doring most of working life, even if retired) Retired	School Jar	OR 11.	BIRTHPLACE (County & Onardtown	State, or foreign country)	cou	ZEN OF WHAT NTRY? . S.A.
13.	Robert H. Jo	nes		Mother's maiden nam Laura C. (
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORC ss. no, or unkown) (If yes give war or dates of se NO				Addres Jones		e address
	18. CAUSE OF DEATH [Enter only one c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2 6 0 X DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.	Diabit	te al	elites			INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B					19. WAS AUTOPSY PERFORMED? YES NO NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINES	0)		(=110, 110, 110, 110, 110, 110, 110, 110,			
MEDICAL	20c. TIME OF INJURY Month, Day, Yea Hour a.m. p.m. 19	While at work at work	factory, stre	et, office bldg., etc.)	Of. (City or town)	(Count	ty) (State)
	21. I certify that (I) (this hospits saw the deceased alive on Jul 22a. SIGNATURE	Ly 23 1966	, and that death	endingMED.	M, from the causes of STAFF PHYS.	and on the	23/66
23a	REMOVAL (Specify)		F CEMETERY OR CR		LOCATION (City, to		
	Burial 7/26/6 FUNERAL DIRECTOR Nalley's	66 Cedar ADDRESS Funeral Mar	Hill Cen It.Rainie	25a. REC'D BY	REGISTRAR 25b. RE	Mary GISTRAR'S Clark	SIGNATURE

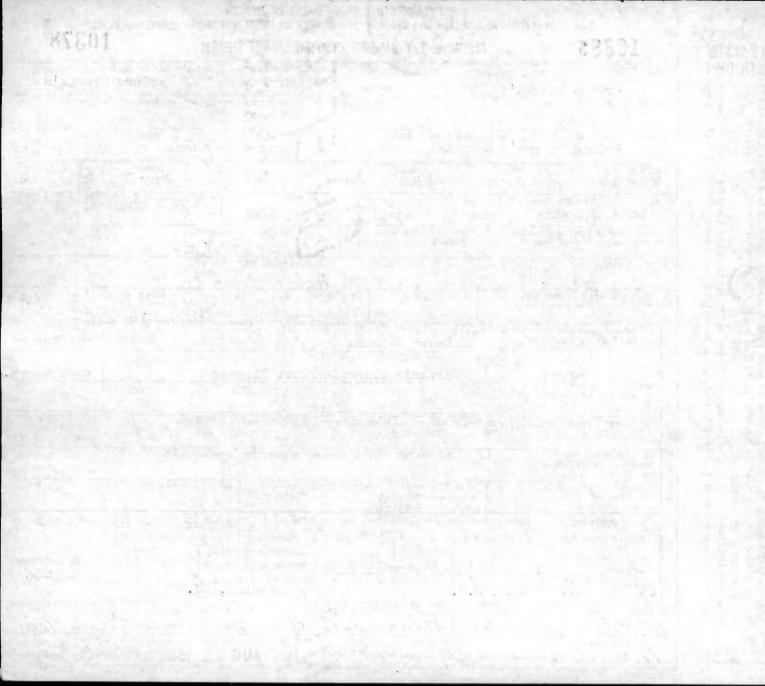
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10385

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

7												
TH DEPT		COLUMNA										
of of		Prir	nce George	s	MA	RYLAND	o. Siai Wary Lar	na	o. Folor	ince Ge	orge's	
. Po		b. CITY OR TOWN (I	t bulside corporate limi	ls,	c. LENGTH OF STAY	IN 1b			its, write RUF	RAL and give n	eorest town)	159
rtm	O. COUNTY Prince George's MARYLAND D. CHITY OR TOWN If equide coporate limits, write RURAL and give nearest town) Cheverly d. NAME OF NOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George's Hospital 3. NAME OF DECEASED Prince George's Hospital 3. NAME OF DECEASED Prince George's Hospital 3. NAME OF DECEASED 100. USUAL OCCUPATION (Give kind of work dane down kind one down kind of work dane down kind of work dane down kind one down kind one down kind of work dane down kind one down kind of work dane down kind one down kin	0		16	/							
af		. NAME OF HOSPITA	L OR INSTITUTION (IF P	at in haspital, g	ive street address)						e. IS RESIL	DENCE
e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 should be forwarded to the Chief Medical Eccanier's Office along with farm PM3. Pafiles. 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department int, prior to burial, cremation, or removal, and in any event within 72 haurs after deal		Prir	ce George	s Hosp:	ital		Eagle F	darbor t	load		YES X	NO
Sto 1								4. DATE	Mant	h	Day Yes	
0			Jo	seph	John	101	nes	OF DEATH	Jul	У	28	66
#	S.			7. MARRIED	NEVER MARR	ED 🔲		lost	(In years			R 24 HRS. Min.
in, please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages 1, 2, and 3 eral director. Page 4 should be forwarded to the Chief Medical Edeorner's Office along with farm PM3. Page retained for your files. RAL DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages land 2 with the State Department or its designated agent, prior to buriot, cremation, or removal, and in any event within 72 haurs after deat		male	Negro	WIDOWED	DIVOR	ED 🔲	May 28, 1886	5 8	O mady	Monnis	ays Hours	PAIII.
							11. BIRTHPLACE (State of	r foreign country)	1.			4
3	13.	FATHER'S NAME	,		US PAUL B		14. MOTHER'S MAIDEN NA	IME .				
	DO. STATEMENT AND BETT IN COUNTRY. DO. STATEMENT AND BETT IN COUN											
			R IN U.S. ARMED FORCES	16.	OCIAL SECURITY NO.				Addre	7 /	10	VE
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	VION	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN I	PART 1(a)		19. WAS AUTO PERFORM YES	
5	IIFIC			20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in Pa	ort I ar Part II af	item 18.)			
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its			John	2/)5	2600]		22. DATE	
5 2			John Keh	be, M.D			DEPUTY MEDICAL	EXAMINER NO	htv)		7-30-	-66
tool	230		_/			METERY OR				wn) a (Co	ounty) (S	tate) ,
五月	1			30/66	St. Edm	rondo	Cometery			1 1 1	1 -2	nd.
W	24		2		ADDRESS	m	25a. REC'D E			GISTRAR'S SIGN	IATURE	
ME (5)		Mail	00. ////	mai 1	IBILLIANA	1 11.	IA AI	10 0	1000	(M.)	. Va ()	100



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY the h a. STATE b. COUNTY after 00 MARYLAND Pages b. CITY DR TDWN (if outside conforate limits/ write RURAL and give nearest town) c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b by oon papers. Pag within 72 hours hours Hyattsville Washington filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS law requires that the death certificate be executed within completely carbon NAME OF DATE Month Middle 4. DECEASED event, DEATH (Type or print) AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. SEX 6. COLOR OR RACE DATE OF BIRTH remove **NEVER MARRIED** last birthday) any and WIDOWED 1 DIVORCED ermit. Then plasse re ermit. Then please re on, or removal, and in = 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME MOTHER'S MAIDEN ed by the attend transit permit. cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) albert 6411 Jones-son 18. CAUSE OF DEATH [Enter only one cause persline for (a), (b), and (c).] R: After this certificate has been signed by the bull be detached for use as the burial-transit the State Dept. of Health prior to burial, cremat PART I. DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: Jage 3 should lied with the death occurred and 347M. saw the deceased alive on and/that 22a. SIGNATURE page ATTENDING PHYS. Page 4 may b DIRECTOR TO FUNERAL ADDRESS 22c. PHYSICIAN'S 22d. director, p NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. 23a. REMOVAL (Specify) REC'D BY REGISTRAR 25a.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO F YES . DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) 20f. (City or town) (County) (State) from the causes and on the date stated above. 22b. DATE SIGNED LOCATION (City, Jown or county) (State) TRAR'S SIGNATURE 1966

MARYLAND STATE DEPARTMENT OF HEALTH

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ON A FARM? NO 4

Year

19

Hours

YES

Day

Days

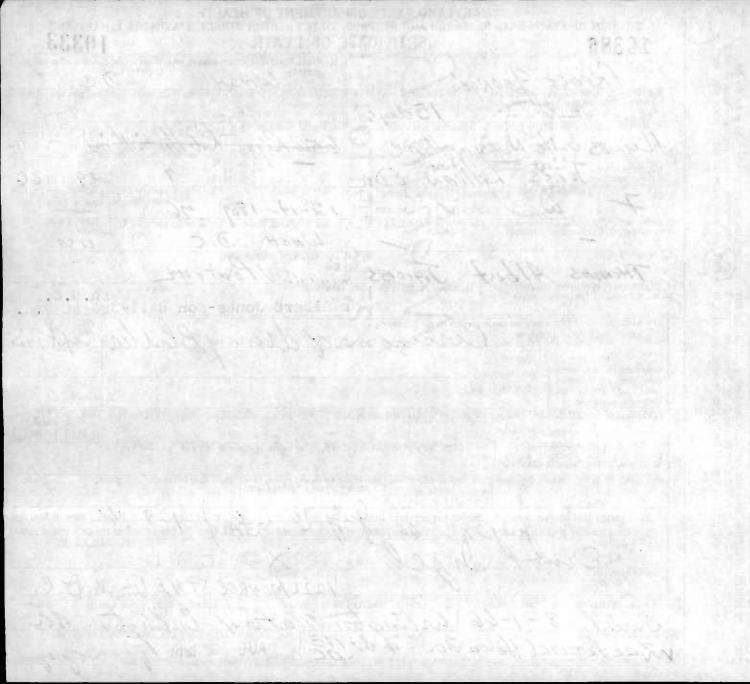
12. CITIZEN OF WHAT

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	1038	7		CERTII	FICA	TE OF D	EATH			Reg. Dis	t. No.	100	56.7
	PLACE OF DEATH	Prince (George '	S MARYL	LAND	2. USUAL RESID	Maryl		l lived. If institution b. COUNTY	Princ	e Ge	odmissio Orge	n)
1	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi corest lown) Hillcrest		LENGTH OF STAY I				st Hei	rate limits, write R				
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g 5303 29th		_ 17		d. STREET A	DDRESS		e. S.E.			IS RESID	ARM?
	NAME OF DECEASED (Type or print)	Ne 11	st	Middle	K	losi asprzyk		4. DATE OF DEATH	Mon Ju	th 1y	Day 28	Ye	or 66
5. :	Female	6. COLOR OR RACE White	7. MARRIED			May 4		1	9. AGE (In years lost birthday) yrs.	Months	-	Hours	24 HRS. Min.
	hom	ON (Give kind of work or king life, even if retired Emaker	done 10b. KINI	o of Business of homema	ker ker		Nowy S	Sadz,	Poland	Un	ited		tes
13.	FATHER'S NAME	Joseph Zac	zyk			14. MOTHER'S			ma zyk (cou	iden sin)	name		
		R IN U. S. ARMED FOR Ill yes, give war or dates of s		IAL SECURITY NO.		Mrs. La	ura Si	wanson	Add daught		5303	29t	S.E. h Ave.
NO	Conditions, if a gave rise to i cause (a), stating lying cause lost. PART II. OTt	mmediate (DUE TO)	TRIBUTING TO DEA	MELE TH BUT N	NOT RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION GIV	'EN IN PART	T 1(o) 19.	WAS AL	JTOPSY MED2
CERTIFICAT	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	E HOW INJURY O	CCURRED.	(Enter nature of	injury in P	ort I or Port	II of item 18.)			YES 🗍	-
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yes	20d. INJUR White of work	Not while	20e. PLAC focto	CE OF INJURY () ory, street, office	tome, form, bldg., etc.)	20f. (City	or town)	(0	County)		(Slote)
	21. I certify the olive on	Tarry	deceosed		deoth w	3 , 19 <i>59</i> occurred at 10			the couses of reet, city or town,			stoted	
	PHYSICIAN'S NAME (Type)	David	hier	narelu:	221	h	lack	my to	a.c.	20	0 5 3	1	
220	BURIAL, CREMATIC SEMOVAL (Specify) BURIAL	7-30-66)F 22	Gate of	Heav	en		Silv	ON (City, town, or Spring)	g		(Stote) cylar	
23. W	funeral director i lhelm Fur	s signature neral Home	4308 8	ADDRESS Suitland	Rd St	aryland uitland	240. REC'D		1966 K	STRAR'S SIC	NATURE LEV	usg	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND

	1038	9.		CERTIFIC	CATE	OF DEATH			j	LUJ	00	
	PLACE OF DEATH					2. USUAL RESIDENCE	Where de			nce befor	e odmissi	an)
1	Prince Ge	eorge's		MARYLAI	ND	Maryland		b. cou	ince	Geor	ge's	
	b. CITY OR TOWN (f outside corporate limit	's,	c. LENGTH OF STAY IN 1	1b	c. CITY OR TOWN (If o	utside cor					
- (Cheverly	give nearest tawn)		7 days		Lanham				16-	1	
	. NAME OF HOSPIT	AL OR INSTITUTION (If no	at in hospital, g	ive street address)		d. STREET ADDRESS					e. IS RESI	DENCE
	Prince Ge	eorge's Gen	eral Ho	spital		9944 Elm	Stre	eet			ON A F	NO
	NAME OF DECEASED	Fi	irst	Middle		Lost	4. DAT	TE Man	th	Doy	Ye	ar
	(Type or print)	An	nabel			Kinnebrew	DEA	ATH Jul	У	28		66
S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	☐ B.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months	1 YEAR Doys	IF UNDE	R 24 HRS. Min.
	Female	Negro	WIDOWED 3	DIVORCED		6/24/91		75 yrs.	Monnis	DOYS	110013	Pfillt.
		(Give kind of wark dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, o	ar foreign cauntry)	12. (TIZEN OF	WHAT	
duri	ng most of working Housewi		IN	None		Pittsbur	och	Penna.	Ü			
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	1011111				
E	dward M	. Gibson				Julia Ws	shi	ngtonexi	-			
		R IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. IN	FORMANT		Addr	ess			
	None	None	J.	67-05-018	9							
	IB. CAUSE OF DE	ATH (Enter anly ane cau	use per line far	(a), (b), and (c).)			1 1				ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	4 (Seu	enclined con	reile	MISTALIM.	Nete	utatic to	very	UN	SET AND I	JEATH
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	Canditians, if any,		(b)		0	Ci			,			199
B	rise to immediat stating the under		TO									
	last.)	(c)									
z	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATE	ED TO TH	IE TERMINAL DISEASE CO	NDITION (GIVEN IN PART 1(o)		19.	WAS AUT PERFORM	
ATIO										Y	ES KX	
CERTIFICATION	200. ACCIDENT WAS		205. DE	SCRIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury in	Port I or	Port II of item 18.)				
		CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJU	JRY Month, Day, Year	20d. IN	JURY OCCURRED 20		OF INJURY (Hame, farr		Of. (City ar town)	(Co	unty)		(State)
MED	Hour o.n	10	While of work	Nat While at wark	facta	ry, street, office bldg., etc.	.)					
				led the deceosed fro	om	7/21	19 66	o, to 7/28	. 19	66. th	at (I) (we) las
		eceased alive an_		19 <u>66</u> , an	d that	death occurred of	6:05	M, fram causes	and on	the dat	e stote	d obove
	22a. SIGNATURE			OR OTHER PROPERTY.		ATTENDING	MED.			ATE SIGN		
		Amir S. Ba	nisadr	M.D.	M.D.		DIRECTO	R STAFF PHYS.] Ju	ly 2	9, 1	966
	22c. PHYSICIAN'S NAME (Type		Some	1	~~	22d. ADDRESS 6323 La	andov	ver Rd. Ch	everl	v. M	d.	
			/05-0	nail s								
230	 BURIAL, CREMATIC REMOVAL (Specify 	1		23c. NAME OF CEMETER	oa		23d.	LOCATION (City or To		(County	,	State)
0.1	REMOVAL (Specify Burial		-66	Plttsb	urg	h, Penna	D DV DSO	Pittsb				
14	FUNERAL DIRECTO	K		ADDRESS		I ZSG. REC	D BI KEG	IDIKAK 1 ZSD. K	C ARAIGIOIR	SIGNATUR	(E	

John T. Rnines Co., 3015 12th St., NE

AUG

DATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit "Their please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or candon, and in any event, within 72 hours after deet Poge 4 moy be retained by the hospitol or attending physician.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10383

CERTIFICATE OF DEATH

1.	PLACE OF DEATH o. COUNTY	Prince Geo	rges	MARYL	AND	2. USUAL RESIDENCE (No. STATE D. C.	Where dece	osed lived, if instit b. CO		e before od	mission)
	b. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou		prote limits, write R	URAL ond give	neorest to	wn)
		ale (rural)		6 yrs.,7 m	os.	Washingt	ton			47-	
		AL OR INSTITUTION (If not	, ,	ve street address)		d. STREET ADDRESS				0	RESIDENCE N A FARM?
	Glenn Da	ale Hospital				115 12t	th St	., S. E.	Apt.#	3 YES	
3.	NAME OF DECEASED	Firs		Middle	2 10	Lost	4. DATE		nth	Doy	Year
	(Type or print)		eph	Arthur		Lambert	DEAT			18	19 66
5.	SEX	Colonia Control and Control and Control	7. MARRIED [NEVER MARRIED	X 8	. DATE OF BIRTH		9. AGE (In yearslost birthdoy)	Months 1		UNDER 24 HRS.
L	Male	White	MIDOMED [DIVORCED		10/16/1894		71 yrs.			
	a, USUAL OCCUPATION ring most af working	(Give kind of work done life even if retired)	IND	D OF BUSINESS OR USTRY		11. 81RTHPLACE (County	& Stote, or	foreign country)	(01	ZEN OF WE	
	Unemploy	yed	Child:	ren's Aid	Soci			Ga.		UIS.A	١.
13	FATHER'S NAME	1 A11	T and			14. MOTHER'S MAIDEN					
		oseph Albert				Julia I	Jyons				
13	(es. no. or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service)	OCIAL SECURITY NO.	17. H	NFORMANT		Ade	dress		
1	No	(11) 03 9110 1101 01 0101 01	257	-01-5552		Decedent		99. LESS 9			
	18. CAUSE OF DI	EATH (Enter only one cous	e per line for (o), (b), ond (c).)	-					INTERVA	AL BETWEEN AND DEATH
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE () Pul	monary tub	ercu	losis	11700			15 y	TS.
	002		0								
	Conditions, if ony	(0) 921101	b)				1111				
	stoting the unde		0								
	last.		c)							I so was	
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH 8UT NOT RELA	TED TO T	HE TERMINAL DISEASE COI	NDITION G	VEN IN PART 1(o)			S AUTOPSY FOR MED?
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (Enter noture of injury in	Port I or F	ort II of item 18.)	17		
MEDICAL	20c. TIME OF INJE Hour o.r	10	20d. INJ While ot work	Not While		E OF INJURY (Home, form ry, street, office bldg., etc.		(City or town)	(Cou	nty)	(Stote)
	21. I certi	ify that (1) (this hasp	ital) attend	ed the deceased f	ram	12/16/	1959	ta7/12	3/, 19,6	6, that	(th) (we) las
	saw the d	eceased alive an	7/18	/19_66, ai	nd that	death accurred at	2:50A	M, fram cause	s and an th	ne date s	tated abave
	22o. SIGNATURE	Merel	Vein		M.D	***************************************	MED. DIRECTOR	STAFF PHYS.	22b. DA	TE SIGNED 18/66	5
	22c. PHYSICIAN'S NAME (Type	1	iss, M	. D.				Dale Ho			
23	o. BURIAL, CREMATION REMOVAL (Specify removal		EOF 66	23c. NAME OF COME	OMI	CAL BOAR	23d	LOCATION (City or	Fown)	(County)	(Stote).
1	24. FUNERAL DIRECTO	1 J Per	Ruk	ADDRESS		250. REC'	D BY REGIS	STRAR 25b. 4 1966	REGISTRAR'S SI	GNATURE Les Ja	roge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit perturi. Then please remove carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar ta burial, crematian, or emoval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

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MATOMICAL BURNO DESCRIPTION



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 382

CERTIFICATE	OF DEATH	

103	99	CERTIFICAT	L OI DEATH		
PLACE OF DEATH O. COUNTY	Prince Georg	MARYLAND	o. STATE	Where deceased lived, if instituti b. COUN Jersey	
b. CITY OR TOWN	(If outside carparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	utside corporate limits, write RUR	AL and give nearest town)
	nd give nearest tawn) Cheverly	14 days		lingswood	67.3
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in h	naspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	e Georges Gene				YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Monti	h Day Year
(Type or print)	Mamie		Lieberman		1ly 24 19 66
S. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IFUNDER 1 YEAR IF UNDER 24 HRS.
Female	White W	IDOWED DIVORCED	8 Feb., 1894	last birthday)	Months Days Hours Min.
	ON (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT
during most of working	ng life, even if retired)	INDUSTRY	1111:4	.' C	COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	14.5.19.
13. TATHER'S WAINE			14. MOTHER 3 MAIDEN		
UMAN	four		KOSE L	ASPE11	
	VER IN U.S. ARMED FORCES?) ((If yes give war ar dates af serv	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	11-TOLEDO-TERN
100	/ / / C	VIH KIYOWN H	ITOM / IER	ERMON HY	AMEVILLE, MA
18. CAUSE OF	DEATH (Enter anly ane cause per	r line far (a) (b), and (c).)	1	* 1	INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Cerebro- 14a	war accina	ent	ZONSET AND DEATH
22	IMMEDIATE CAUSE (o)	0 0			
Conditions, if on	w which mays >	cereby 10 l on x	Priballens	ui'	54PHLA
rise to immedia	ate cause (a)	an or	011000010	101	(1000)
stating the und					
last.) (c)				
PART II. OTHER		BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIO	Diebetes (mellous			YES NO NO
20o. ACCIDENT W	AS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in	Part I or Part II of item 18.)	
	IG CAUSE OF DEATH Y MEDICAL EXAMINER)				
	JURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farn	n, 20f. (City or town)	(County) (State)
Hour o	I.M.	While Nat While fo	ctary, street, affice bldg., etc.		(515.15)
		at wark L at wark L	0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		I discurred the accounce home		1966, to 4114 2	-4, 1966, that (I) (we) last
	deceased alive on	ce 22 1966, and th	at death accurred at	5.30 Awn fram causes	and an the date stated above.
22a. SIGNATUR	Muralle	dedato	ATTENDING 500	MED. STAFF	22b. DATE SIGNED
March States	Jumi'v	vacuare 1	A.D. PHYS.	DIRECTOR PHYS.	1-24-1966
22c. PHYSICIAN		VADAK NA	22d. ADDRESS	REENBEI	DA:
NAME (Typ	117117	VUUTI IND.	u	VECNOCT	-1, 14 d.
23a. BURIAL, CREMAT		23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or Tov	vn) (Caunty) (State)
REMOVAL (Speci	T/2-10	6 VRESTENT	Rupial PAG	A PENNCONA	-EH N.T.
24. FUNERAL DIRECT	TOR /	ADDRESS 42	2So. REC'I		GISTBAR'S SIGNATURA
A122		-1 11	of the pay all		Charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 moy be retained by the hospital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1039:			CERTIFIC	ATE	OF DEATH		111111111111111111111111111111111111111		10383	
1. PLACE OF DEATH o. COUNTY Prince	George's		MARYLAN		2. USUAL RESIDENCE (1 o, STATE Maryland	Where dece	b. COU	NJY	e before odmission) George 's	1
b. CITY OR TOWN	(If outside corporate limit	S,	c. LENGTH OF STAY IN 18		. CITY OR TOWN (If ou	stside corpo				
Cheverl	nd give nearest town)		1 day		Lanham				16-1	
	ITAL OR INSTITUTION (If n	ot in hospitol, o			d. STREET ADDRESS				e. IS RESIDENC ON A FARM	Œ
	George's Ger				6723 Lamo	ond D	rive	- 77	ON A FARM	
3. NAME OF	Fi	rst	Middle		Lost	4. DATE	Мог	th	Doy Year	
(Type or print)	Cor	cetta			Lignelli	DEAT	H Jul	Ly	24 19 66	5
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24	
Female	White	WIDOWED 3	DIVORCED [5 1	April 8, 18	888	78 birthdoy) yrs.	Months	Doys Hours 1	Min.
during most of working	DN (Give kind of work done g life, even if retired) ewife		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Italy		foreign country)	12. CITI	IZEN OF WHAT	
13. FATHER'S NAME	OWILO				4. MOTHER'S MAIDEN					
Joseph	Biscardi				Mary Ann	unk	nown			
1S. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. :	SOCIAL SECURITY NO.	17. INF	ORMANT	· GIIIC	Addı	ess		
(Yes, no, or unknown	(If yes give wor or dotes	of service)	2000	Dat	Tionalli	2 0	L			
	DEATH (Enter only one cou		none	Fal	Lignelli,	Za,	D, C, d at	ove	INTERVAL BETWEE	. Ni
05		TO (b) 177	aningoco		1 Septio	ein	(9			
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	TO DEATH BUT NOT RELATED	TO THE	TERMINAL DISEASE CON	NDITION GI	VEN IN PART 1(o)		19. WAS AUTOPS) PERFORMED? YES NO	
OR CONTRIBUTION	YAS UNDERLYING ☐ IG ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCCUP	RRED. (En	ter noture of injury in	Port I or P	Port II of item 18.)		1	
20c. TIME OF IN	IJURY Month, Doy, Yeor o.m. 19	20d. IN While of work	Not While		OF INJURY (Home, form, street, office bldg., etc.)		(City or town)	(Cou	nty) (Stot	e)
21. I cer saw the	tify that ¾) (this has deceased alive an_	pital) attend July 2	ded the deceased fra 4 19 66, and	m_J1 that a	11y 24 , leath accurred at				56, that (I) (we be date stated a	
22o. SIGNATUR	Ed	cing	Jenon	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 5		TE SIGNED 5/66	
22c. PHYSICIAN NAME (Ty		Jenser	M.D.		Prince Ge	orge	's Genl.	Hosp.,	Cheverly	M
230. BURIAL, CREMA REMOVAL (Spec Burial	(10N, 23b. DATE TH fy) 27 July		23c. NAME OF CEMETER Fort Linco				LOCATION (City or To		(County) (Stote)
24. FUNERAL DIREC			NADDRESS, W			BY REGIS	TRAR 25b. R	EGISTRAR'S SI		-
) in a 1 di 17	manal Ham	o Ima	7400 Geor	~: 0	A DATE	111 2	7 1966	it	0	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

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TO DOMING THE STORY IN THE STORY OF THE STOR	death. Par any be retained by the hospital or attending physician.	E > TO FUNE: DIRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral	0	be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	
	VR	A1	5	(4)	

-	10002 .	TE OF DEATH	10384
	1. PLACE OF DEATH a. COUNTY PRINCE GEORGES MARYLAND	e. STATE DISTRICT OF COLUMBIA	Lesidence before admiss
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
	ANDREWS AFB d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	WASHINGTON d. STREET ADDRESS	47-3
15			ON A FAI
^~	USAF HOSPITAL ANDREWS 3. NAME OF First Middle DECEASED	500 ATLANTIC STREET SE Last 4. DATE Month OP DEATH	Day Yeer
-		3. DATE OF BIRTH 9. AGE (In years IF UNDER 1	13 1966 YEAR IF UNDER 24 H
	MALE NEG WIDOWED DIVORCED	12 JUN 40 26 Yrs.	Days Hours Mi
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CIT	IZEN OF WHAT COUN
	AIRMAN USAF	LONG ISLAND, NEW YORK	USA.
)	WILLIAM (NMN) LUNDY 15. WAS DECEASED EVER IN U.S., ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	SALLY RICHARDS INFORMANT Address	
	YES DEC 64-FEB 66 069-32-7463	WIFE SAME AS #2	
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	WILL STATE IN	INTERVAL BETWEE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARCINOMA OF REC	CTUM WITH METASTASIS TO	ONSEI AND DEAT
	154X DUE TO PERITONEUM AND I		
	Conditions, if eny, which (b)		
O¥	geve rise to immediate cause (a), stating the underlying		
	cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF BELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN DART	TACAL 19 WAS ALITO
		OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORME
0	SOBSTRUCTION, SMALL INTESTINE 203. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Pert I or Part II of item 1B.)	YES NO
-41	OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	s. (clinal notate of injury in 15th 15th 15th 15th 15th	
-11		ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State
16	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/ Hour e.m. While Not While fac	tory, street, office bldg., etc.)	
	21. I certify that (X (this hospital) attended the deceased from.	6 OCT 1965196/6/ to 1.3 JUL 19	.6.6 that XIX (we)
	saw the deceased alive on		
	22e. SIGNATURE	AM	22b. DA
	2	A.D. PHYS. DIRECTOR PHYS.	
1	22c. PHYSICIAN'S Latern A Borth	22d. ADDRESSUSAF HOSPITAL ANDR	EWS, AND
	LATIMER H BOOTH, LTCOL, MC, USAF	AFB, WASHINGTON, D.C. 20	
	23a. PORIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 7-18-66 CSLINGTON	or CREMATORY 23d. LOCATION (City, town or count Nat Wingfun	Va (Stote)
	24 FUNERALS DIRECTOR'S SIGNATURE ADDRESS-	250. REC'D BY REGISTRAR TSb. REGISTRAR'S	()

THESE AND THE SOUTH ON THE SOUTH OF THE STATE OF T

FOR STATE HEALTH DEPT.

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Health or its designated agent, prior to buriol, cremotion, ar removal, and in any event within 72 haurs after death. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-tronsit permit. File pages 1 and 2 w

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with farm PM3. Page This certificate should be executed within 24 hours after death. If TO DEPUTY MEDICAL EXAMINER: 5 moy be retained far your files.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1039;	3	MED	ICAL EXAMIN	NER'S	CERTIFICATE O	F DE	ATH		10	385)
T.	PLACE OF DEATH					2. USUAL RESIDENCE (Where dec	eased lived, if institu	tian: Resider	ce befor	e admissio	an)
	a. COUNTY	Prince Geo	2000	AAA D	YLAND	a. STATE Md.		Prince	NTY	00		
-	b CITY OR TOWN (If autside carparate limit		c. LENGTH OF STAY		-c. CITY OR TOWN (If ou					t tawn)	
	write RURAL and	give nearest town)	21		10			ulule illinis, wille ku		e lieures	i iuwii)	
_		heverly		DOA		Laure	1			16 .	_/	
	d. NAME OF HUSPII	AL OR INSTITUTION (If no	in haspital, g	give street address).	1 9 -	d. STREET ADDRESS				100	e. IS RESIL	
	Pri	nce George	Genera	1 Hospital			200	O Main St.			YES	NO 🔀
3.	NAME OF DECEASED	Fi	rst	Middle .	100	Last	4. DAT	E Man	th	Day	Ye	ar
	(Type ar print)	Jo	seph			Matral	OF DEA	TH "	7	2	3 19	66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	1	B. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	R 24 HRS.
	M	W	WIDOWED	DIVORCE		14 Sept.	707/	last birthday) 51 yrs.	Manths	Days	Haurs	Min.
100		(Give kind af wark dane		ND OF BUSINESS OR	w	11. BIRTHPLACE (State			12 CF	TIZEN OF	WHAT	
dur	ing mast of warking	rack Labor	IN	DUSTRY		Leadwood		1.	TICO	UNTRY?		
_	FATHER'S NAME	Lack Pacol				14. MOTHER'S MAIDEN		Ouri	1 031	14.		
1 3		.ala. Wah	- 7									
10		n al as Matr			1	Mary Pin	nchok					
(Y	. WAS DECEASED EVE es, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	2 2 3	SOCIAL SECURITY NO.		NFORMANS ter		17824dr				
L	unk	unk	126	7+36-9959	Mis	s Mary Mati	ral,	Detroit	, Mich	h		
		ATH (Enter anly one cau	ise per line far	(a), (b), and (c).)							ERVAL BET	
	PARI I. DEAI	TH WAS CAUSED BY:	(a)	Heart Fa	lure					UN	SEL AND D	Ces
	4200											
	Canditians, if any,	which gave	(b)	Anterios	Tero	tic heart d	icea	CP.		TI	nknov	ATT)
	rise to immediat stating the under	e cause (a), (. ,	- AI USI IUSI	-1010	VICE INVESTOR	ملكمية <u>المحال</u>				TIMITO!	
	last.	lying coose	(c)									
	PART II OTHER SI	SNIFICANT CONDITIONS C	ONTRIBITING T	O DEATH RUT NOT PEL	ATED TO T	HE TERMINAL DISEASE COI	NDITION G	IVEN IN PART 1(a)		119	WAS AUTO	OPSY
S	TANCE III. OTCIENCES.	omiteant combinions c	OM KIDOTINO 1	O DEATH BOT NOT KEE	AILD TO I	THE TERMINAL DISEASE CON	TOTTION O	TYCH IN TAKE I(U)			PERFORM	ED?
3	20a. EXTERNAL CA	DAM 2211	1 001 055	scoups How Million O	CCUPPED		0 . 1 . 6	D . H . C		YI	5	NO S
CERTIFICATION	PRIMARY ar COI		20b. DE:	SCRIRE HOM INJURY O	CCURRED. (Enter nature of injury in	Part I or I	Part II at item 18.)				
100	CAUSE OF DEATH.											
MEDICAL	20c. TIME OF INJU	JRY Manth, Day, Year	20d. IN	IJURY OCCURRED		E OF INJURY (Hame, farm ary, street, affice bldg., etc.)		. (City ar tawn)	(Car	unty)	((State)
N.	p.n	10	at wark	Nat While at wark	racit	ary, street, artice blag., etc.,						
	21. I certify	that I taak charge	e af the rem	nains described al	oave, he	d an Autapsy ,	Inspe	ctian 🔀, Inqu	uiry 🗽	and	in my	apiniar
		ed fram: Naty				de , Hamicide	_	Undetermined m	-	1	,	
		A //	V		,	CHIEF MEDICAL				1		
	ACTUAL SIGNATURE	artie	_ /)	Olar		M.D. ASSISTANT MED				2	2. DATE	SIGNED
-	14.000 000 000	1	11-			DEDUTY MEDICA				~ 0	. ,,	
	EXAMINER'S NAME (Type)	John Keho	e, M.D.	, Rive:	rdale	Address (Street				1/-2	4-66	
230	. BURIAL, CREMATIC	IN. 23b. DATE THE	REOF	23c. NAME OF CEMI	ETERY OR (LOCATION (City or To	wn)	(County)	15	tate)
	REMOVAL (Specify)	July 2									()	,
	I. FUNERAL DIRECTO		0, 1900	Mt. Olive	st ce	metery 2So. REC'I			chigar EGISTRAR'S S	GNATUR	F	
2		Wade, 550 W	ash.Blv		Mary				ycho	ree	Jus	ign.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH DIVISION OF STATISTICAL RESEARCH 0394 CERTIFICATE OF DEATH

1.	a. COUNTY	Prince Geor	ge	MARYLANI	e. STATE	NCE (Where de	ceased lived, If ins b. COUN	YTY T.	ce before adm	
	b. CITY OR TOWN	N (if outside corporat and give nearest tow	e limits,	c. LENGTH OF STAY IN		If outside cor	porate limits, wr			
	Cheve		,	2 days	Beave	er Heigh	hts		16-1	
	d. NAME OF HOS	PITAL OR INSTITUTIO	N (if not In h	ospital, give street addre	ss) d. STREET ADDRES	S			e. IS RESI	DENCE
	Prince	e George Ge	neral		1429 5	52nd. av	ve.		ON A FA	_
3.	NAME DF DECEASED	- Fli	rst	Middle	Last	4. DATE	Monti	h Da	y Year	
	(Type or print)	Huds		T. Ma	ayberry	DEATH	0 42		1956	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years last birthday)	Months Days		Min.
	Male	negro	WIDOWED	DIVORCED [10-2-28		37 yrs.	Months Days	Hours	IAI1U"
loa		ION (Give kind of work on the life, even if retired	done 10b. K	IND OF BUSINESS OR NOUSTRY EOVERNME	11. BIRTHPLACE (12. CITIZEI	OF WHAT	
12	Clerk FATHER'S NAM		reas	eral k overnme						
13.		Burn Street Mirror			14. MOTHER'S MA					
		t Mayberry			Thelma Mo	nyett H	udson			
15 (Ye		VER IN U.S. ARMED FO (If yes give war or dates or		SOCIAL SECURITY NO.	7. INFORMANT		Addre	ss NI	E	
	Yes	WW II	3	354-20-3608	Thelma Mayb	erry	Wife-14	29 52nd	d Ave.	,
Ī	18. CAUSE DF	EATH [Enter only on	e cause per l	ine for (a), (b), and (c).]					ERVAL BET	
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Cere	ebral hemorrh	age, right i	nternal	capsule	e ON	SET AND D	EAIH
H	4201	DUE								
	Conditions, If	amar substale 1		ertensive cor	onarv arteri	osclero	tic hear	t diseas	se	
	gave rise to	Immediate ((6)		, , , , , , , , , , , , , , , , , , , ,					
	cause (a), st underlying caus	ating the	(c)							200
5				JTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL	DISEASECON	DITIONGIVENIN	PART 1(a) 19		
8									PERFORM ESXXI N	IED?
KILL	20a. ACCIDENT	WAS UNDERLYING THE CAUSE OF DEATH	20b. I	DESCRIBE HOW INJURY O	CCURRED. (Enter nature	of Injury in Pa	art I or Part II o			
2	(IF EITHER, NOT	IFY MEDICAL EXAMIN	(ER)							
CAL		NJURY Month, Day, '	Year 20d. I	NJURY OCCURRED 20e.	PLACE OF INJURY (Home,	farm. 20f.	(City or town)	(County)	100.1	1040
/EU	Hour a.m				ctory street officeblde	etc \	(01.) 01 10)	(,	(St	ate)
			While at worl	Mot while —	ctory, street, office bldg.,	etc.)	(010) 01 (0111)	(0.5,	(St	ate)
Н	p.n	n. 19_	at worl	at work	ectory, street, office bldg.,	, etc.)				
	p.n 21. I certify	y that XI) (this hosp	at worl	ed the deceased from.	July 2	19.66 to	July 4	, 19 66 ,	that 19 (we	e) last
ř	p.n 21. I certify	that XI) (this hosp teased alive on	ital) attend	ed the deceased from.	ectory, street, office bldg.,	19.66 to	July 4	, 19 66 ,	that 19 (we	e) last
	21. I certify saw the dec	that XI) (this hosp teased alive on	ital) attend	ed the deceased from.	July 2, that death occurred at	1966 to 12:53, fro	July 4 om the causes	, 19 66 , and on the da	that 19 (we te stated a	e) last
	21. I certify saw the dec 22a. SIGNATUR	y that (1) (this hosp teased alive on	ital) attend	ed the deceased from.	July 2, that death occurred at	1966, tp. 12:57, fro	July 4 om the causes	, 19 66 , and on the da	that 19 (we te stated a	e) last
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death. Page 13 be retained by the hospital or attending physician.

TO FUNER RECTOR: After this certificate has been signed by the attending physician and complete led in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. in 24 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSPITAL VR A15 (4) 15M 7/61

2

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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saw the deceased alive on.12, J.U.L	p.m. 19 et work et work						
22a. SIGNATURE ATTENDING MED. STAFF SIGNED 22c. PHYSICIAN'S NAME (Type) DIRECTOR PHYS. 22d. ADDRESS USAF HOSPITAL ANDREWS, ANDREW WARREN E. JOHNSON, CAPT, MC, USAF AFB, WASHINGTON, D. C. 20331 3a. BURIAL, CREMATION, 23b-7 DATE HEREOV REMOVAL (Specify) CREMATION 14 HHT 66 D. C. PUBLICE CREMATON, 25a. REC'D BY REGISTRAR'S SIGNATURE 4 FUNERAL-DIRECTOR'S SIGNATURE ADDRESS 22b. DATE SIGNED 22c. PHYSICIAN'S MED. PHYS. 22d. ADDRESS USAF HOSPITAL ANDREWS, ANDREW AFB, WASHINGTON, D. C. 20331 25a. REC'D BY REGISTRAR'S SIGNATURE	21. I certify that () (this hospital) attended the deceased from.	12 JUL 1966 to 12 JUL 196	6., that (A) (we) last				
22a. SIGNATURE ATTENDING MED. STAFF SIGNED 22c. PHYSICIAN'S NAME (Type) DIRECTOR PHYS. 22d. ADDRESS USAF HOSPITAL ANDREWS, ANDREW WARREN E. JOHNSON, CAPT, MC, USAF AFB, WASHINGTON, D. C. 20331 3a. BURIAL, CREMATION, 23b-7 DATE HEREOV REMOVAL (Specify) CREMATION 14 HHT 66 D. C. PUBLICE CREMATON, 25a. REC'D BY REGISTRAR'S SIGNATURE 4 FUNERAL-DIRECTOR'S SIGNATURE ADDRESS 22b. DATE SIGNED 22c. PHYSICIAN'S MED. PHYS. 22d. ADDRESS USAF HOSPITAL ANDREWS, ANDREW AFB, WASHINGTON, D. C. 20331 25a. REC'D BY REGISTRAR'S SIGNATURE	saw the deceased alive on 12 JUI. 1966, and that	death occured a81.M. from the causes and on the	e date stated above				
PHYS. DIRECTOR PHYS.		AM					
22c. PHYSICIAN'S NAME (Type) WARREN E. JOHNSON, CAPT, MC, USAF 3a. BURIAL, CREMATION, 23d-70ATE JHEREOV REMOVAL (Specify) CREMATION 14 JHT 66 D.C. PHOLOGECREMATORY ADDRESS USAF HOSPITAL ANDREWS, ANDREW AFB, WASHINGTON, D.C. 20331 23c. NAME OF CEMÉTERY OR CREMATORY. TON WASHINGTON, D.C. 4 FUNDRAL-BIRECTOR'S SIGNATURE ADDRESS 22d. ADDRESS USAF HOSPITAL ANDREWS, ANDREW AFB, WASHINGTON, D.C. 20331 (Stote) 23d. LOCATION (City, town or county) WASHINGTON, D.C. 25a. REC'D BY REGISTRAR'S SIGNATURE	Marro Flat		SIGNED				
WARREN E. JOHNSON, CAPT, MC, USAF AFB, WASHINGTON, D.C. 20331 3a. BURIAL, CREMATION, 23D- DAJE HEREOV 23c. NAME OF CEMETERY OR CREMATORY. TON 23d. LOCATION (City, town or county) REMOVAL (Specify) CREMATION 14 HIT 66 D.C. PUBLICE CREMATON WASHINGTON, D.C. 4 FUNDRAL-DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	22c. PHYSICIAN'S		FUC ANDRE				
33. BURIAL, CREMATION, 233- DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. 10N 23d. LOCATION (City, town or county) CREMATION 14 JUL 66 D.C. PUBLICE CREMATORY. 23d. LOCATION (City, town or county) WASHINGTON, D.C. ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	MAME (Type)						
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4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR'S SIGNATURE	REMOVAL (Specify) // 22/60	CREMATION .					
1111 0 F 4000 WALL & 0	- EREMATION 14 JUL 66 D.C. MOROUE						
6-204908	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	IIII OF 1000 WAL	GNATURE				
6-204908	1 July 1 Mily	DATE JUL 20 1966 yellan	les Judge				
	6-204908		0				

BORES TO DE L'ARRES DE TAKA LOWING TAKATA TAKA .5.g., Kerestham MULLAW JAC DINGHA. JUL : 0 1865 y Charles Yough

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,

H AND RECORDS, 301		BALTIMORE 1,	MARYLAND
CERTIFICATE O	W. PRESTON STREET, F DFATH		111388

	11797										
1.	PLACE OF DEATH a. COUNTY				- 11	SUAL RESIDENC	E (Where decea	sed lived, If institu	tlon: Residen	ce before admiss	ion)
	Prince Geo	onge !s		MARYLAN		Maryla	nd	Prin	nce Geo	orge's	
	b. CITY OR TOWN	(if outside corporate	limits, c.	LENGTH OF STAY IN				rate limits, write			wn)
	write RURAL and give nearest town)					Bladen			17	,	
-	Chevenly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				T2 b (229	REET ADDRESS	anur.g		/ 6 =	e. IS RESIDE	VCE
				0.31					ON A FARM	1?	
Prince George's General Hospital					5002 57th Avenue YES ND X					X	
3.	NAME OF DECEASED	Firs		Middle	10	Last	4. DATE	Month	Da		
	(Type or print)	Li.	llian	P		Cormick	DEATH	July	1	19 66	
5.	SEX 6	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DAT	E DF BIRTH	9. /	AGE (In years IF t ast birthday) Mo	UNDER 1 YEA		HRS.
	female	white	WIDOWEDXX	DIVORCED	3 8-	9-90	7.8	yrs.	muis Days	Hours M	mi.
1Da	USUAL DCCUPATIO	ON (Give kind of work dog life, even if retired)	one 10b. KIND	OF BUSINESS OR	11.	BIRTHPLACE (Co	unty & State, or		12. CITIZEN COUNTR		
uuí	HOUSEV		INDU	OINI	141	ASHINGT	av. h.	0	US		
13.	FATHER'S NAME	VIPIE			14.	MDTHER'S MAIDI	EN NAME		0 3		
	OLIVE	B DRE	STON		KA	REARET	- CeH	UGRUE			
15	. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16, SO	CIAL SECURITY NO.	17 INFORI	MANT		Address	1) 4	** ~	
(Ye	s, no, or unkown) (I	If yes give war or dates of	service) 22	0325680	MARY	LATOM	ASELL	-I SAME	LAS	1	
1	18. CAUSE DF DE	ATH [Enter only one	cause per line	for (a), (b), and (c). 1					INT	ERVAL BETWE	EN
	PART I. DEAT	TH WAS CAUSED BY:	MA.	+ ++	P	99.	10		ON	ISET AND DEAT	Н
	1 - 1 -	IMMEDIATE CAUSE (toutale	·	espe	ne	2			
	13 6 J	· DUE T	D					0.1.		7	
	Conditions, if an		b) fren	nayCarre	rece	non-s	us le	roller	nenel		-
	cause (a), stat	DIE T	0								
_	underlying cause		(c)								
0	PART II. OTHER SIG	GNIFICANTCONDITION	IS CONTRIBUTION	IG TO DEATH BUT NOT	RELATED TO	THE TERMINAL D	ISEASE CONDI	TION GIVEN IN PAF	RT 1(a) 19	. WAS AUTOP PERFORMED	
CAT									Y		XX
	2Da. ACCIDENT W	AS UNDERLYING	2Db. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of	injury in Part	I or Part II of It	em 18.)		
CER	(IF EITHER, NOTII	AS UNDERLYING DEATI G DEAUSE OF DEATI FY MEDICAL EXAMIN	ER)								
CAL		JURY Month, Day, Y		RY OCCURRED 2De	. PLACE OF I	NJURY (Home, far	rm, 20f. (C	Ity or town)	(County)	(State)
	Hour a.m.		While	Not While -	factory, stree	et, office bldg., et	(c.)	o Free			
Σ	p.m.		at work] at work	6	/21	66	7 /1	10.66	that the hard	
		that (I) (this hospi	tal) attended	the deceased from	0	, 11	66 to	,	19 00 , 1	that (I) (we)	ast
	saw the deceased alive on 7/1 19 66, and that death occurred alicom, from the causes and on the date stated above.							ove.			
	22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. 37 STAFF 7 7/3/66										
- 1	M.D. PHYS. DIRECTOR PHYS. //1/00										
	22c. PHYSICIAN NAME (Type		J. Jens	sen		d. ADDRESS					
			- Conc		Pri	nce Geo.		al Hosp.,			
23a	REMOVAL (Speci	TIDN, 23b. DATE TH	HEREOF 2	3c. NAME OF CEME	TERY OR CR	EMATORY	23d. LOC/	ATION (City, town	or county)	(State)	
R	BURIAL	JULY 5,	1966 1	VASHINGTO	N NAT	TONAL	Suit	LAND.	MARYL	AND	
24	. FUNERAL DIRECT	TOR	6 1	ADDRESS	M.	25a. REC	D BY REGIST	RAR 25b. REGI	STRAR'S SIG	NATURE	
6	V.W. Cho	ambers	600 Vi	verdale	Mid	DATE	1111 7	1966	Charl	0. 0.1.	
						, MIL		TUUU /	- 7-1	The state of the s	-

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BOBIT l'eige desyme's Prince George s TYPE III Soft Stra Avenue Principle Carried a Consequi Rossistation -The second state of the second HILL OF THE BASEANE The Edward Control of Prince Co. Senone: degr. Cheverly, Md. AND THE STREET OF THE WASHINGTON OF THE WALL SOUTHERN BEING SANDERS projection in the contract the second of the second and/2

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours alw

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

after death.

24 hours

executed within

MARYLAND STATE DEPARTMENT OF HEALTH

		DIVISION OF STATISTICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET,	BALTIMORE 1, M	ARYLAND					
		10397 CERTIFICATI	E OF DEATH		10389					
Н	1.	1. PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence a. STATE b. COUNTY								
		PRINCE CECRGE MARYLAND	MASHING	TON. D.	c, V					
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corpor	ate Ilmits, write RURAL	end give nearest town)					
	(CHEVERLY Md / DAV	WASHINGT	TON DIC	. 473					
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
4	_	TRINCE GEORGE HOSP.	1530 16- 54	· N.W.	YES NO					
	3.	NAME OF DECEASED (Type or print) DEROTHY LEE Me	GUINN 4. DATE DE	JULY 10	Day Year					
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. A	GE (In years / FUNDER : ast birthday) Months	YEAR IF UNDER 24 HRS. Deys Hours Min.					
	1		46.22-1914 5	yrs.						
	1Da dur	a. USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (County & State, or	foreign country) 12. CT	TIZEN OF WHAT					
	12	NURSING NURSING	PARIS, VA.	111.	S. A.					
	13.	7-60	14. MOTHER'S MAIDEN NAME							
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	CLAUDIA E. 1	n=64/NN Address						
	(Ye	es, no, or unkown) (If yes give war or dates of service)	7		. Ka					
Dia		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),]	OUISE GRIFFITH	WARREN	INTERVAL BETWEEN					
		PART I. DEATH WAS CAUSED BY:	Least Failer	0	ONSET AND DEATH					
7		14200 DUE TO	rano vacano		1					
		[conditions, If any, which] (b) aylering Cleratic Heart Disease 1 year								
		gave rise to immediate (cause (a), stating the DUE TO								
	_	underlying cause last. (c)								
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDIT	TON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?					
0	ш,	Traheles nelle	Aus		YES NO					
	CERTI	2Da. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RREO. (Enter nature of Injury In Part	I or Part II of Item 18.						
	ICAL	factor	CE OF INJURY (Home, farm, 20f. (Ciry, street, office bldg., etc.)	ty or town) (Cou	nty) (State)					
	MEDI	Pour a.m. While Not While at work at work		1						
		21. I certify that (I) (this hosp)tal) attended the deceased from	en/ , 19/23, to	nely 10, 19de	2, that (I) (we) last					
			death occurred at 4304M, from		ne date stated above. ATE SIGNED					
		223. SIGNATURE SA Sugar M.D	ATTENDING MED. DIRECTOR	STAFF PHYS. D Sub	Per 10 66.					
1	1	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS		/					
	23a		OR CREMATORY 23d. LOCA	TION (City, town or cou	inty) (State)					
	7	REMOVAL (Specify) 7-14-66 WARRENTON		RENTON	VA.					
	24.	FUNERAL DIRECTOR ADORESS	25a. REC'D BY REGISTA	RAR 25b. REGISTRAR'	S SIGNATURE					

DATE JU

WARRENTON

OSER FUNERAL HOME

1966

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FOR STATE EALTH DERT.

delay is

Office olong with form PM3. Poge and 2 with the State Department of Heolth or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours after death. the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's 5 may be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used os o burial-tronsit permit. File pages

6

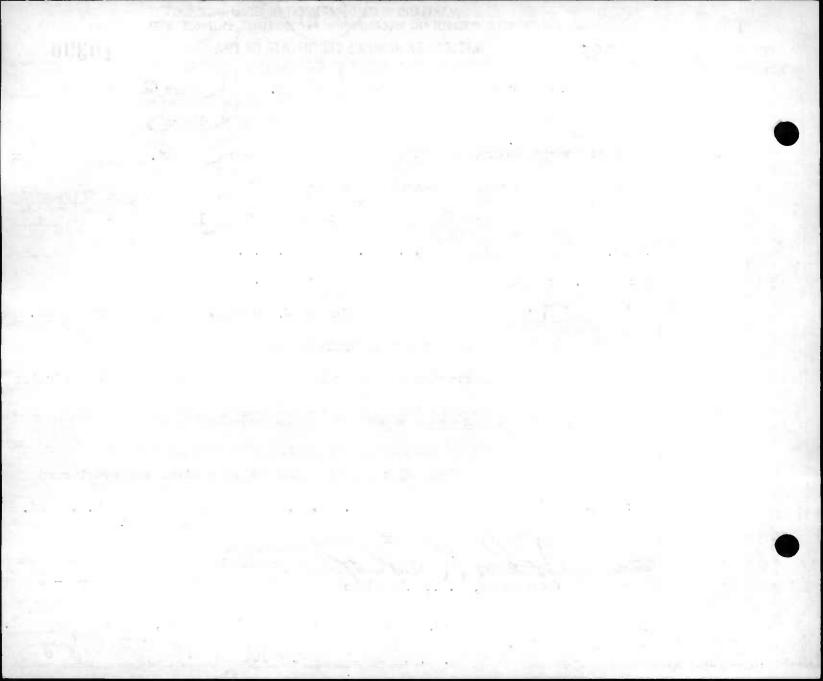
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	1039	8	MED	ICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH	1	0390
1.	PLACE OF DEATH o. COUNTY	Prince Geor	ge	MARYL	AND	2. USUAL RESIDENCE () 0. STATE	Where deceosed lived, if in b.	county George	e before odmission)
	b. CITY OR TOWN	(If outside corporate lim	_	c. LENGTH OF STAY IN			rtside corporote limits, wri		neorest town)
	write RURAL or	d give negrest town) Cheverly		DOA		Ugg	er Marlboro		16-1
		TAL OR INSTITUTION (IF I	not in hospitol, g	give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE
1	Prince	e George Ge	neral H	Mospital		Box 4270 D	owerhouse R	d.	ON A FARM? YES NO 🔀
3.	NAME OF		irst	Middle		Lost	4. DATE	Month	Day Year
	(Type or print)	F	rank	Joseph	Mc	Verry	OF DEATH	7	10 19 66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In year		YEAR IF UNDER 24 HRS.
	M	W	WIDOWED	DIVORCED		24 May 194	7 lost birthdo	yrs. Months	Doys Hours Min.
10 du	ring most of working	N (Give kind of work don life, even if retired)		ND OF BUSINESS OR DUSTRY U.S. GO	17	11. BIRTHPLACE (State Wash. D.	or foreign country)		ZEN OF WHAT NTRY? USA
13	Elect.			0.3. 00	V .	14. MOTHER'S MAIDEN			OJA
		T. Mc Vern	~ \ <i>7</i>			Minnie E.			
15	11115 - 555 - 555 - 511	FO IN ILLE ADDRESS FOR COMM	1 1	SOCIAL SECURITY NO.	17.	NFORMANT		Address	
()	es, no, or unknown)	(If yes give wor or dotes	of service)		111	chael T. Mc	Verry, Bx 42	70 Lower	house Rd.
	Conditions, if on isse to immedio stoting the under last.	r, which gove te couse (o),	E TO	ceration of					ONSET AND DEATH Minutes
CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELA	red to 1	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
STIFIC	20o. EXTERNAL CA	AUSE WAS	20b. DE	SCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I or Port II of item 1	B.)	
	CAUSE OF DEATH.	MIKIDO IIIIO 🖂	Dr	iver of car	r wh	ich went ou	t of control	l and ove	erturned
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Yeor	20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, form ory, street, office bldg., etc.)	20f. (City or tow	n) (Cour	
ME	12:20 g	m 7 10 19	66 at work	of work	St.	Rt. 4	Upper Ma	rlboro 1	P.G. Md.
1	21. I certif	y that I taak charg	ge af the ren	nains described abo	ive, he	ld an Autapsy 🔲 ,	Inspection ,		and in my apinian
	death resul	ted fram: Natur	al cooses	, Assident x	Suic	ide 🔲, Hamicide	, Undetermine	d manner	
	ACTUAL	//		K - L	/ .	CHIEF MEDICAL			22 DATE CICHED
	SIGNATURE	10	my!	ex	17	M.D. ASSISTANT MED			22. DATE SIGNED
4	EXAMINER'S NAME (Type)	John K	ehoe, M	.D., River	lale	DEPUTY MEDICA Address (Street	L EXAMINER X		6-10-66
23	o. BURIAL, CREMATI	ØN, 23b. DATE TH	HEREOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. LOCATION (City		County) (Stote)
L	Burial Burial			Ft. Lincol					Georges Md
2	4. FUNERAL DIRECTO	Robert E	. Wilhe	1m FARREYal	Hom	e 2So. REC'I		b. REGISTRAR'S SIG	MATURE udge
,		4308 Sui	tland R	d. S.E. St	iitl.	and Md. DATE J	IL 13 1966	4	00

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10393
CERTIFICATE OF DEATH
10391

			The second second
1.	PLACE OF DEATH a. COUNTY Prince George's MARYLAND	USUAL RESIDENCE (Where deceased lived, If institution: Residence befa. STATE b. COUNTY	ore admission)
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	earest town)
	Brandywine 6 days	4912 Blaine St. N.E. 47	2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		RESIDENCE
	Brandywine-Waldorf Clinic	Washi ngton, D.C. YES	N A FARM?
3.	NAME DF First Middle DECEASED	Last 4. DATE Month Day	Year
	(Type or print) Nancy Elizabeth Middleto	on OF DEATH July 1	1966
5.		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF U	INDER 24 HRS.
	Female Negro WIDOWED DIVORCED	Feb. 6, 1896 Jast birthday) Months Days H	ours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF	WHAT -
Qu	ring most of working life, even if retired) INDUSTRY Domestic	Prince George 's Md. COUNTRY?	
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Issac Briscoe Scott	Mary Rose Holland	
15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Y	es. no. or unknown) (If yes nive war or dates of service)		3
-		oyd Brown-Brandywine, Maryland	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		AND DEATH
	PART I. DEATH WAS CAUSED BY:		nelh
	4201 DUE TO		
	Conditions, if any, which) (b) Denly Coul	, vole alletion of	~
	gave rise to immediate cause (a), stating the DUE TO		
	underlying cause last. (c)		
ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W/	AS AUTOPSY
CAT		YES T	RFORMED?
晋	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of In)ury In Part I or Part II of item 18.)	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		CE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
MEDICAL	Hour a.m. While Not While	ry, street, office bldg., etc.)	(Otato)
Z	p.m. 19 at work at work		2
	Tooling that the time hoopitals accorded the accorded in the	, 1959, to 1966, that	
		death occurred at S. O.M., from the causes and on the date st	ated above.
	22a. SIGNATURE	22b. DATE SIGNE	D
	M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
	Kichard Ho Dobson	of my the	
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	Bundual July 4,1966 Gibbon's Cl	hurch Cem. Brandywine Md.	
24	4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU	
	Martell Adams Aquasco, Maryla nd	DATE JUL 12 1966 Schanles Ju	edge
1	L .	, while	- M

VR AI5 (4) 20M 1/65

2/1 State of the State

by the f Pages 1 ars after E filled 2 papel E on power of within etely ve carb event, етоме any and nding physician a Then please re removal, and in .5 transit permit. has been signed by the as the burial-transit harior to burial, crema attending physician. R: After this certificate hould be detached for use the State Dept. of Health the hospital retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the

funeral and 2 death, o hours

death.

hours

within

executed

certificate

death

PHYSICIAN: The law requires that the

O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0400 PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. CDUNTY a. STATE PRINCE GEORGE'S MAINE PENOBSCO: **MARYLAND** b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) CARMEL ANDREWS AIR FORCE BASE davs d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? HOSPITAL ANDREWS BOX 68 NO X YES 3. NAME DE First Middle Last 4. DATE Month Day Year DECEASED JULY 20 19 66 (Type or print) MARY MILLER DEATH JOAN 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED JUNE 22, 1928 39 WIDOWED [DIVORCED FEMALE 10a. USUAL OCCUPATION (Give kind of workdone | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) HOUSEWIFE BREWER, MAINE USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Peary MARIAN (KWEKKEK) JOHN E. MURPHEY 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (If yes give war or dates of service) HUSBAND 005-26-2150 SAME AS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: UNKNOWN SEPTICEMIA IMMEDIATE CAUSE (a) DUE TO CARCINOMATOSIS MONTHS Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the MONTHS underlying cause last. 18 NO WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATI INTESTINAL-VAGINAL FISTULA: CHRONIC URINARY 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work 21. I certify that (I) (this hospital) attended the deceased from 18 JULY 1966 to 20 JULY, 19 66, that (I) (we) last and that death occurred at 2.5 M. from the causes and on the date stated above. saw the deceased alive on. 1966 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS

22d.

USAR

NAME OF CEMETERY OR CREMATORY

CAPT

Mt. Pleasant

23c.

ADDRESS

HOSP

ANDREWS

23d. LDCATIDN (City, town or county)

Bangor, Maine

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JUL 25 1966

ANDREWS

AFB

(State)

VR A15 (4) 20M 1/65

22c. PHYSICIAN'S

NAME (Type)

BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b.

DATE THEREDE

Rinaldi Funeral Home 7400 Georgia Ave.

23 July 1966

I SOTA WALLES THE TOTAL TRANSPORT OF THE PROPERTY OF THE PRO 20 JULY 18 2 THE THEY SEE 21 JULY 16 CO. SOURCE MARK DE . AN STATE OF THE REPORT OF THE STATE OF THE S 1 _ , _ _ 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. executed within 24 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	a. COUNTY	a. STATE b. COUNTY	Residence Detore admission)
	Prince Cearge Maryland	Maryland Ch	narles
	b. CITY DR TDWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	
1	write RURAL and give nearest town)	Marbury	693
-	d. NAME DE HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	1 e. IS RESIDENCE
			ON A FARM?
_	Suitland Nursing Home Inc		YES NO K
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) Cora S	estead DEATH July	2 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER	
	₹ WIDOWED DIVORCED	anr 9 1882 84 yrs.	
dui	B. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. (CITIZEN OF WHAT
	HW	Charles Co., Md.	JSA
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Noel Rooney Simmons	Ida DeLozier	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO, 17.	INFORMANT Address	D.C.
CY	es, no, or unkown) (If yes give war or dates of service)	II 3 04/ A 1 D	
-		es Henley,216 Arapahoe Dr	INTERVAL BETWEEN
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
	IMMEDIATE CAUSE (a) Tary failu	rl ,	2 wks
	4200 DUE TO O	1. 11.10	
	Conditions, If any, which (b) lesterioscler	otic Trast Desease	years
	gave rise to Immediate cause (a), stating the DUE TO		
	underlying cause last. (c) Jeneraly d	literiscleroses	
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION	Seri Oil		PERFORMED?
TIFI	20a, ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 1:	
SER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		CE OF INJURY (Home, farm, 20f. (City or town) (Co	ounty) (State)
MEDICAL		ry, street, office bldg., etc.)	dity) (State)
ME	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	144 23 , 19 66, to July 2, 196	b, that (1) (we) last
	saw the deceased alive on Tuly 1966, and that	death occurred at 615P. M, from the causes and on	the date stated above.
	22a SIGNATURE		DATE SIGNED
	Max Eteldinay MD M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.	4 2.1966
	22c. PHYSICIAN'S MAY F FT TO COLUMN TO	22d. ADDRESS	deuced in
	MAN M.D	. 3800 S. Capital St. Week DC 5	C+MD.
23:	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
C	remation July 5,66 Cedar Hill	Suitland, Md.	
24		IL OF DEOLD DY DECLETDAD LOCK DECLETDAD	R'S SIGNATURE
K	PREMAGE FINERAL HOMO INC./DP/AT	A. DATE JUL 6 1966 PCLICA	wlas Judge
1	MONTH I DIVERT - HOME, WHITE	My DATE JUL 6 1966 July	
		****	<i>V</i>

bastytem Charland .m., co. sel'isi Mosl Hoggs Sirming Like Unicaler No Los Henley, 216 Araganos Drivo, Wach., AND THE PROPERTY OF THE PROPER AND THE PROPERTY OF THE PROPER A Langue State Premation July 5,00 Coder Hill

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. pencil in Item 18. Give Pages 1, 2, and 3 to aminer's Office alang with farm PM3. Page

Within 24 haurs after death. If

This certificate shauld be execu

necessary, please execute the certificate, writing the word "pendin

TO DEPUTY MESTAL EXAMINER:

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar ta burial, crematian, ar removal, and in any event within 72 hours after dear

the funeral directar. Page 4 should be farwarded to the Chief Medic

VR A15ME (5) 6M 1/66

	1040)2	MEDI	CAL EXAMI	NER'S	CERTIFICATE (OF DEATH		11	1395	
1	o. COUNTY	ince George	10	MAR	YLAND	2. USUAL RESIDENCE a. STATE Maryland	(Where deceased	lived, if institution b. COUN			ssion)
	b. CITY OR TOWN	If outside corporate limi		c. LENGTH OF STAY		c. CITY OR TOWN (If o	utside corporote				
1	W. Brentw	d give neorest town)		3 yrs.		N. Brents	wood		16	-/-	
Г		AL DR INSTITUTION (If n	at in hospital, gi			d. STREET ADDRESS				e. IS RE	SIDENCE
2	4510 41s	t. Avenue			1	4510 41st	. Avenu	le		YES	FARM?
	NAME OF		irst	Middle		Last	4. DATE	Month	h	Day	Year
	(Type or print)	Charl	65	Henry	Nic	hols	OF DEATH	7	7	5 1	9 66
S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		DATE OF BIRTH	9. A	GE (In years	IF UNDER 1 Y		DER 24 HRS.
	Male	Negro	WIDOWED	DIVORCE	D 3.	-20-1904		ast birthday) 52 yrs.	Manths [Days Hour	s Min.
	Oo. USUAL DCCUPATIO	N (Give kind af wark done life, even if retired)	10b. KIND	ND OF BUSINESS OR DUSTRY	tion	11. BIRTHPLACE (State	or fareign caunt	100		EN OF WHAT	754
H	4 4001	EEK	00	NSTRUCI	104	14. MOTHER'S MAIDEN	NAME				10/1
	HOW	ARD 1	Vicho	15		ANNI	. (1)	RTER	e		
		ER IN U.S. ARMED FDRCES: (If yes give war ar dotes		17-03-97	17. IN	FORMANT'		Addre	ss		
		EATH (Enter anly one co	use per line far ((a), (b), and (c).)		: .				INTERVAL E	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Pulm	onary abs	cess					ONSET AND	DEATH
	221		то								
	Conditions, if ony		(b)								
L	rise to immedia stating the unde		TO								
	last.)	(c)								
MOIT	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO TH	IE TERMINAL DISEASE CO	NDITION GIVEN I	N PART 1(a)		19. WAS AI PERFOI YES	
CEBTIELCATION	20o. EXTERNAL CO PRIMARY ar CD CAUSE DF DEATH.		20b. DES	CRIBE HOW INJURY O	CCURRED. (I	inter nature of injury in	Port I or Part II	af item 18.)			-
MEDICAL	20c. TIME OF INJ Haur a. p.	10	20d. IN. While of wark	JURY DCCURRED Nat While at work		DF INJURY (Hame, fari ry, street, office bldg., etc		lity ar tawn)	(Count	ty)	(State)
	21. I certif	y that I taak charg	e af the rem	ains described a	bave, hele	an Autapsy 🔲	Inspection	k, Inqu	iry 🖟	and in m	y apinion
1	death resul		ol causes oc	. // -		le , Hamicide		etermined mo	anner 🗍		
		1-1	19		-0	CHIEF MEDICAL	EXAMINER				
	SIGNATURE	din	110	100		_M.D. ASSISTANT ME	DICAL EXAMINER			22. DA	TE SIGNED
	EXAMINER'S	1	/ 1"			DEPUTY MEDIC	AL EXAMINER	2			M 7
		John Kehoe		Riverdal			et, city, town, or	county)		7-5-	66
2	30. BURIAL, CREMATI	ON 23b. DATE TH	IEREOF	23c. NAME OF CEM	ETERY OR C	REMATORY	23d, LOCA1	TION (City or Tov	vn) (C	aunty)	(State)
L	Dunal	1 1-	1-44	SAND-	tow	h Cem	1 1	13 50	ro PA	Rolling	e me
	24. JUNERAL DIRECTO)R	110	ADDRESS		2Sa. REC	D BY REGISTRAR		GISTRAR'S SIG		
L	Aame	2651 606	Lucko	tomtim	, 2m	DATE	JUL 1	1966	yula	rees &	udge



(M)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		DIVISION OF STATISTICAL RESEARCH AND RECORDS, SOT	W. I KESTON STREET, DALITHORE, MARTEMID 21201	
		10403 CERTIFICATE	OF DEATH 10396	
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)	
		o. COUNTY Prince Georges MARYLAND	O. STATE MARYLAND b. COUNTY Prince Grage	5
	-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)	_
		LANHAM 9 MP 2 NO.	Hyatteville, Ind 161	
Н	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?	_
0		magnolia Dardens	3400-30st Corente 1) YES NO	<u>र</u>
	-	NAME OF DECEASED (Type or print) John Ofice 7	11 Chols 4. DATE Month Doy Year 1966	
1	S. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR	-
	1	MALE White WIDOWED DIVORCED DIV	narch 12, 1895 Jost biffhdoy) Months Doys Hours Min	1.
9		o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS, OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	
	duri	ring most of working lite even if retired) Building	Bedford Virginia Clasa.	
	13.	FAPHER'S NAME	14. MOTHER'S MAIDEN NAME	_
		James 7, nichola	swelda whorley	
	15/	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address , A	
			isy m suchola - Hyattsville, md-	_
	0	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH	
		4 9 3 X DUE TO A		
		Conditions, if ony, which gove) (b) Andre Lea	16 dere Gelen	
		rise to immediate couse (o), stoting the underlying couse DUE TO	1	
		last. (c)		
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY	=
	CERTIFICATION	an lung our or	PERFORMED? YES NO C	ব
)	E	200. ACCIDENT WAS UNDERLYING \(\square\) 205. DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I or Port II of item 18.)	
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
П	MEDICAL		OF INJURY (Home, form, y, street, office bldg., etc.) 20f. (City or town) (County) (Stote)	
	W	p.m. 19 of work of work	y, street, office diag., etc.)	
		21. I certify that (I) (this haspital) attended the deceased from _5	126, 1966, to Auly 19, 1969 that (1) (we) 1	asi
M			death accurred at 1232 M, from causes and on the date stated abo	ve.
		220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED	,
		M.D.	PHYS. DIRECTOR DIPHYS. DILLY 19, 17,6 6	3
		22c. PHYSICIAN'S NAME (Type) LEON LEVITSKY	3408 Rhode Delandare Int Marrier	
	230	O. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR	EMATORY 23d. LOCATION (City or Town) (County) / (Stote)	-
	0	remother 7/21/66 It Lincoln Cr		
	_	4. FUNERAL DIRECTOR ADDRESS ADDRESS	Z50. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE	_
4	7	+ sasels sons Hyallerille M	1 DATE JUL 25 1986 Actionles Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event; within 72 hours ofter death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth.

Poge 4 may be retoined by the hospitol or attending physicion.

10396 A Contract of the Contract of TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH 10191510H OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE OF BEATN	2. USUAL RESIDENCE (Where decented lived, If institution: Residence before	re admission)
	PRINCE GEORGE ¹¹ S	VIRGINIA BLINGTON	/
-		VIRGINIA ARLINGTON c. CITY OR YOWN (If certaide corporate limits, write RURAL and give no	arest town)
	write RURAL and give nearest town)	0.3	
1	ANDREWS AIR FORCE BASE 1	ADEXANDRIA	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS	RESIDENCE A FARM?
1	USAF HOSPITAL ANDREWS	PRESIDENTIAL GARDENS APT.C-12 YES	No No
1	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day	Year
	(Type or print) KATHLEEN M.		1966
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF U	urs Min.
	F CAU WIDOWED DIVORCED	MAR 1900 16 yrs.	
1	Oa. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (County & State, or foreign country) 12. CITIZEN OF V	HAT
Т	STUDENT	WASHING-TON USA	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	ROBERT J. NOLAN	clare RICHTER	
	15 WAS DECEASED EVED IN IL S ADMED FORCES 18 SOCIAL SECHBITY NO. 17	INFORMANT / 2 00 Address CA	** "
P	(Yes, no, or unhown) (If yes give war or dates of service)	al Robert J. nolan Same as	42
-	NO mone	INTENUE	DEDUCEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET	ND DEATH
	IMMEDIATE CAUSE (a)	100515	ery .
	2893 DUE TO		()
	Cenditions, If any, which) (b)		
1	gave rise to Immediate		
	underlying cours lead		
1 3		ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 119. WA	SAUTOPSY
	THE THE THE TOTAL	PE	FORMED?
4		YES	NO 🗌
i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
1	dent-	ACE OF INJURY (Home, farm, 20f. (City or town) (County) bry, street, office bidg., etc.)	(State)
1	Hour a.m. While Not While	ory, street, office bidg., etc.)	
1		They 196 to 30 Lay 1966, that (l) (we) last
	21. I certify that (I) (this hospital) attended the deceased from	t death occurred a 30 M, from the causes and on the date st	
1		t death occurred a m, from the causes and on the date st	
	224, SIGNATURE	ATTENDING - MED STAFF - OF DELLA	11
	a valore of selim.	D. PHYS. DIRECTOR PHYS.	00
	NAME (Type)		
	FREDERICK L. SACHS	USAF HOSPITAL ANDRWES	
12	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	RIRIAL Specify 8-2-1966 arlington	Datumal (Irlington, / Iranie	
-	24 DIMEDAL DIDECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU	RE
1	TAL TAL CALLERY	LET WHEN ALLE 2 1000 001 100	
2	VIV CHEMBERS ENJOU TRAPEL	1 311 marker 1 1350 Marker &	dec
	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify) 8-2-1966 arlington	Y OR CREMATORY 23d. LOCATION (City, town or county)	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEET 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Page Prince George's 3 to Marvland MARYLAND Prince George's Deportment b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn)
Cheverly 1 hr. 22min. Laurel d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours Prince George General Hospital in Item 18. Give Poges Stote YES T NO X 900 Main Street with 3. NAME OF Middle DATE the DECEASED within Jerry (Type or print) Parker along DEATH 19 66 with S. SEX 6 COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Days Hours Months Min Male WIDOWED DIVORCED White Office event 18 0 and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working lits even if retired) 24 ony aminer executed within ond WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dotes of service) removol, pending Medi CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH This certificate should be Hemoperitoneum 0 IMMEDIATE CAUSE (o). writing the word cremation, and Hemothorax DUE TO the Conditions, if ony, which gove From multiple pelvic and rib fractures rise to immediate couse (a). forwarded to DUE TO stating the underlying couse 0 lost. 0.5 burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? ERTIFICATION pe 0 NO X 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should turned. should CALLSE OF DEATH Passenger of car which ran off road. hit a tree and over agent, ! 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, fgrm. Go or towned. (County) Hour o.m. While foctory, street, office bldg., etc.) Not While While at work of work Page 2:20amp.m. 19 66 Whiskey Bottom Rd nr Rt. 198 Prince Geo. designoted 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x Inquiry x ond in my opinion funeral director. deoth resulted from: Noture Zouses Accident Suicide F Homicide Undetermined monner retained pleose CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth (Riverdale, Md. NAME (Type) Kehoe, M.D. Address (Street, city, town, or county) the 23c. NAME OF CEMETERY OR CREMATORY 0 ADDRESS 2So. REC'D BY REGISTICAR 25b

VR A15ME (5) 6M 1/66

The state of the s RUELL STANDARD THOMAS TO SEE STANDARD

and the contract of the first

FOR STATE HEALTH DEPT.

in pencil in Jeem 18. Give Pages 1, 2, and 3 ta Examiner's Office along with form PM3. Page

any delay is

This certificate should be executed within 24 haurs after death. If

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner?

necessary, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

1 and 2 with the State Department of Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used os a burial-transit permit. File pages

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120'

MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

704		MILDI	CAL LYMININER	2 CENTILIE	AIL OI DE	AIII		113/	10	
1. PLACE OF DEATH				M	SIDENCE (Where d	eceosed lived, if instit		ice before	odmissio	n)
a. COUNTY Pri	nce George	S	MARYLAND	Mary.	land	b. 00 Pr	ince G	eorge	elg	
b. CITY OR TOWN	(If autside carparate limits		c. LENGTH OF STAY IN 16			rparate limits, write R				24
write RURAL on	id give nearest town)		8 hours	Colle	ege Park			16	1	
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	it in haspital, gi		d. STREET A			157 511		IS RESID	
Leland M	lemorial Hos	pital		9024	49th. Pl	ace			ON A FA	
3. NAME OF	Fir		Middle	Last	4. DA	ATE Mo	onth	Day	Yea	11
(Type or print)	Melvi	n	Roy	Patters	son Sk DE	ATH	7	19	19	66
S. SEX	6. COLOR OR RACE		NEVER MARRIED	B. DATE OF BI		9. AGE (In years	IF UNDER		IF UNDER	24 HRS.
Male	White	WIDOWED	DIVORCED [9 May	923	last birthdoy) 43 yrs.	Manths	Days	Haurs	Min.
10a. USUAL OCCUPATIO	N (Give kind of work dane	10b. KIN	ID OF BUSINESS OR		LACE (State ar forei			TIZEN OF V	VHAT	
during most of working	Let even if refired)	13	ewspaper	Per	in.		U	DUNTRY?		
13. FATHER'S NAME				14. MOTHER	'S MAIDEN NAME					
· L aw	rence Patt	terson		Le	ona Lar	ngley				
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.5	OCIAL SECURITY NO.	7. INFORMANT		90 8	less)1 O+	h DI	000	
Yes	(If yes give war ar dates o	16	9 12 8323	Mary J	Patter	son Co.	1ess 49t	Par	k.	Md.
	EATH (Enter only one cou	se per line far (INTER	VAL BETV	WEEN
PART I. DEA	ATH WAS CAUSED BY:	(o) Lacer	ration of bra	ain					I AND DI	EATH
824	4 DUE									· eve
Conditions, if any	y, which gave	(b) Fract	ure of skul	1				81	irs.	AX
rise to immedia		TO								
last.)	(c)			44					
PART II. OTHER S	IGNIFICANT CONDITIONS CO	ONTRIBUTING TO	D DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART I(a)		19. W	VAS AUTO	PSY ED2
ATIO								YES		NO E
20g. EXTERNAL C. PRIMARY 19 or CC	AUSE WAS	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	f injury in Part I o	r Part II of item 1B.)		turi	ned.	
	DNIKIBUTING L	Drive	er thrown fr	om car w	hich ran	out of co	ntrol			
20c. TIME OF INJ	URY Manth, Day, Year	20d. IN.	JURY OCCURRED - 20e	PLACE OF INJURY	Home, form. 2	Of. (Esty_or_town)	n (Ca	untyla	1 . (5	State 1 2
1:24 mp	m. 7-19- 19	66 at wark	Nat While Un:	iversity	Blvd. 4	50 ft. we	st of	R.T.	Ave	,
	fy that I took charge	e of the rem	ains described obove,	held on Autor	sy , Insp	pection X, Inc	quiry 🔀	ond in	n my	opinion
	Ited from: Noturo		4		Homicide	Undetermined		1		
4 110 110	1//	N			EF MEDICAL EXAMIN					
ACTUAL SIGNATURE	John 1	w	~	M.D. ASS	ISTANT MEDICAL EX	AMINER		22.	. DATE :	SIGNED
EXAMINER'S	1				UTY MEDICAL EXAM	INER X				- 15
NAME (Type)	John Kehoe,	M.D.	Riverdale, M	d. Add	dress (Street, citγ, to				0-66)
230. BURIAL CREMATA	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	The second second	d. LOCATION (City or	Town)	(County)	(St	tate)
BUTTA	y) 7 -25-6	06	Arlington	Nation		rlingto	n Va		1717)	
24. FUNERAL DIRECTO	OR Chambers (10 P4	verdale, M	a	2Sa. REC'D BY RE		REGISTRAR'S S	SIGNATURE		Lax
44 . 44 .	onamber 8	O. HI	Ac. Gate, W	CL.	DATE JUL	2 2 1966	1	Land	1	1

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pees 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10408
CERTIFICATE OF DEATH
111401

		-			-							
1.	PLACE OF DEAT a. COUNTY	Н				2. USUAL RESIDEN		ceased lived, If Ins b. COUN		Idence bef	ore admis	ssion)
		George's		MARYL	AND	a. STATE Marylar		Pr:	ince G			
	b. CITY OR TOV	VN (If outside corp L end give nearest	porate limits,	c. LENGTH OF STAY		c. CITY OR TOWN (I	If outside cor	porate limits, wr	ite RURAL e	nd give n	earest t	own)
	Cheverl		. cominy	4 hr. 10 m	nin.	Seat PJ	leasant		1130	16	/	
	d. NAME OF HO	SPITAL OR INSTIT	UTION (If not In	hospital, give street ad	dress)	d. STREET ADDRESS	S			e. 15	RESIDE N A FAR	ENCE
	Prince	George's	General	Hospital		7014 Gr	reig St	reet			NA FAR	
3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Month	1	Day	Year	
	(Type or print)		Baby	Girl		Pennington	DEATH	0 42	/	8	19 6	
5.	SEX	6. COLOR OR RA	ACE 7. MARRIE	D NEVER MARRIED	x 8.	DATE OF BIRTH	9.	AGE (In years last birthday)	Months D			HRS.
	Female	White	WIDOWE	DIVORCED		July 7, 19	966	_ yrs.	Wolldis			10
10a	. USUAL OCCUPA	TION (Give kind of v	vork done 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (or foreign country		IZEN OF V	TAHV	
auri	N/A	king life, even if re		INDUSTRY		Prince Geo	orge's.	Marylan				
13.	FATHER'S NAI	ME		.,,		14. MOTHER'S MAI		ridz y zam	41 00%			
	Lanniz E	ugene Pen	nington			Virginia (Gail Cu	nningham				
15.		EVER IN U.S. ARME		6. SOCIAL SECURITY NO.	1 17.	NFORMANT	3422 04	Addres	SS			
(Ye		(If yes give war or da		24.43								
-	N/A			N/A		other		as	above	INTERVA	1 DETW	CEN
		DEATH LENTER ON		r line for (a), (b), and (c).		Electaris			0.00	ONSET	AND DE	ATH
	PART I. U	IMMEDIATE CA		Bilalual	-	euclusis						
	162	-5	DUE TO	Drimatus	10,1				-			
	Conditions, If		(b)	primaria	ry							
	gave rise to cause (a),		DUE TO									
	underlying cau		(c)	V								
10N	PART II. OTHER	SIGNIFICANT CON		BUTING TO DEATH BUT NO	T RELAT	ED TO THE TERMINAL	DISEASE CON	DITION GIVEN IN	PART 1(a)		AS AUTO	
CAT										YES	_	
CERTIFICATION	20a. ACCIDENT	T WAS UNDERLYIN TING CAUSE OF OTIFY MEDICAL EX	G 20b.	DESCRIBE HOW INJUR	Y OCCUR	RED. (Enter neture	of injury in P	art I or Pert II o	f Item 18.)			
MEDICAL	20c. TIME OF Hour a	INJURY Month, I		. INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, , street, office bldg.,	farm, 20f.	(City or town)	(Coun	ty)	(Sta	te)
AED		.m.	19 Whi		140101	,, 01, 001, 011, 001, 100, 1						
			hospital) atter	nded the deceased fro	าน ปีน	lv 7	19 66 . to	July 8	_ 19.66	_ that	(d) (we)	last
		eceased alive on		8 1966 ar								
	22a. SIGNATU						am		22b. DA			
	m	any /	Z. L	artwell,	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	7-	12-6	6	
	22c. PHYSICI	IAN'S				22d. ADDRESS						
	NAME (Mary	K. L. S	Sartwell, M.I).	6811 Rig	ggs Roa	d, Hyatts	sville	, Md.		
23a	. BURIAL, CRE REMOVAL (S	MATION, 23b. D	ATE THEREOF	23c. NAME OF CE	METERY	OR CREMATORY	23d. L	OCATION (City, to	own or cour	ity)	(State	8)
Cr	remation	7	/16/66/	Prince Geo	rge	s Gen. Hos	D. (Cheverly,	Mary!	land		
	FUNERAL DI	RECTOR	11/	ADDRESS		25a. R	EC'D BY REGI	STRAR 25b. R	EGISTRAR'S	SIGNATU		
Ha	OP W	Penn, Jr4	, Wdmin	Cheverly,	Md.	DATE	JUL 20	1966	Melier	Ces for	edge	-
		16-	20021	9						U		

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		10403	CERTIFICATE	OF DEATH		10402	
		PLACE OF DEATH O. COUNTY PRINCE Geo	ORGES MARYLAND		Where deceosed lived, if institution: Resider b. COUNTY	nce before odmission)	
RW ST	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HVATTSVILLE MO.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Washington, D. C. 47.3			
90	C	d. NAME OF HOSPITAL DR INSTITUTION (IP not in hosp ARROLL MANOR 49	itol, give street oddress) 2 2 LA SALLE RO	d. STREET ADDRESS	nn Ave no	e. IS RESIDENCE DN A FARM? YES ND	
		NAME OF First DECEASED (Type or print) PARY	Middle /-	Pepper	4. DATE Month OF 7 -	Doy Year 19 1966	
	S	F W WIDON	WED DIVORCED ,	DATE OF BIRTH	9. AGE (In years lost birthdoy) 67 yrs.	Doys Hours Min.	
	duri	ing most of working life, even if retired) HOUSEWIFE	Db. KIND DF BUSINESS DR INDUSTRY	ChICAG	O ILL G	ITIZEN DF WHAT DUNTRY?	
)		OLIVER C. HE	MILTON	14. MOTHER'S MAIDEN M	RINE E BRA	Yar	
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. 11 579-64-9989	SR. MAGO	Address PALENE CARR		
		18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TD Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. (b) DUE TD (c)	Generalized	artonosel	unis	INTERVAL BETWEEN DNSET AND DEATH	
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT 200. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH	Db. DESCRIBE HDW INJURY DCCURRED. (19. WAS AUTOPSY PERFORMED? YES NO	
	MEDICAL CER	(IF EITHER, NDTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Doy, Yeor Hour o.m.	20d. INJURY OCCURRED 20e. PLAC While Not While focks of work	E OF INJURY (Home, form ory, street, office bldg., etc.)	n, 20f. (City or town) (Ci	ounty) (Stote)	
		21. I certify that (1) (this haspital) attended the deceased fram					
1		On DIMCIGINATIO	where M.E. M.E. M.E.		MED. STAFF DIRECTOR PHYS. D	DATE SIGNED 7/19/66	
		D. BURIAL, CREMATION, REMDVAI (Specify) OURIAL 7/21/66		Cemeterv	23d. LOCATION (City or Town) Washington. D.	(County) (Stote)	
	24	The S.H. Hines Co.	Washington, D.	C DATE	D. BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pieces remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, bud in any event, within 72 hours after death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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	AND AND ASSESSED.			100
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	A PATE THE REAL PROPERTY.			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10410 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Ro	sidence before admission)
PRINCE GEORGE MARYLAND	a. STATE Maryland b. COUNTY Prin	ce Georges
b. CITY OR TOWN (if outside corporate limits, write, RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Suit AND 6-966-7-31-66	Marlow Heights	16-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS	e. IS RESIDENCE ON A FARM?
SuitLAND NURSING HOME, INC	5933 28th Avenue	YES NO 2
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) // CRY Staples	ERKINS DEATH 7	3/ 1966
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In years If UNOER last birthday) Months	Oavs Hours Min.
widowed olvorced /	March 301883 83 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY	CO	TIZEN OF WHAT UNTRY?
Housewife	Mai ne U	.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HAROLD E. Staples	ADDIE PomeRoy	
(Vac no an unbount) ((If you nive was an debag of coming)	INFORMANT	
None	rank H. Perkins 5933 28th A	venue
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1	INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Quely result	le Asilt	ONSET AND OEATH
331 X OUE TO	The state of the s	
Conditions, If any, which (b)		
gave rise to Immediate Cause (a), stating the OUE TO		
underlying cause last. (c)		
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMEO?
CAI		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU OR CONTRIBUTING 20b OF DEATH OR CONTRIBUTING 20b OF DEATH OR CONTRIBUTING 30c OF DEATH	RREO. (Enter nature of Injury in Part I or Part II of Item 18.)
		(0)-1-2
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAN facto 20c.	CE OF INJURY (Home, farm, 20f. (City or town) (Coury, street, office bldg., etc.)	nty) (State)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	My , 1966, to 1-31, 196	4, that (I) (we) last
	death occurred at 2 '344 M, from the causes and on the	
22a. SIGNATURE		ATE SIGNED
John M.D.	. PHYS. OIRECTOR PHYS.	-31-66
22c. PHYSICIAN'S NAME (Type)	22d. AOORESS 2907 Nichols Are S.E	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
REMOVAL (Specify) Burial 8-3-66 Oak Grove C	Cemetery Bangor Main	e
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR	SSIGNATURE
willelin Funcial Home 4308 Scuttured Red	SE, DATE AUG 4 19\$6 Follows	Eles Judge
7,700	I DATE TO THE	- (/ V

VR AIS (4) 20M 1/65 יים אלומוזי, איטאון בי _{על ב}כסמו מ'אסווסט. The state of the s Manager than a cold and the a second and the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death., after death 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY n by the Pages after Prince George's

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Cheverly MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Fairmount Heights 20 days = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Prince George's General Hospital Within 711 59th Avenue executed within and completely 3. NAME OF Last 4. DATE Month TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove earbol should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, yi DECEASED Phillips James July DEATH (Type or print) 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 5 Jast birthday) Months Male Colored 12/31/13 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY Washington, D.C. Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emma Roberts William N. Phillips 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes nive war or dates of service) Mrs. Juanita B. Phillips-711 59th Ave. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the the hospital or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which unio gave rise to immediate DUE TO (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work 1966 retained toJuly 23 July 3 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on July 23 19 66, and that death occurred a6:35 M, from the causes and on the date stated above. 22a. SIGNATURE pe page : M.D. DIRECTOR PHYS. 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 7/28/66 Arlington National Ceme. Arlington, Virginia 24. FUNERAL DIRECTOR STEWART ADDRESS REC'D BY REGISTRAR | 25b. Funeral Home VR A15 (4)

Prince George's

YES

23

Davs

(County)

DATE SIGNED

12. CITIZEN OF WHAT

e. IS RESIDENCE ON A FARM?

1966

Hours

INTERVAL BETWEEN ONSET AND DEATH

one wee

WAS AUTOPSY PERFORMED? YES X

NO [

(State)

NO

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Maryland Maryland Benzell attitude formaties that the Prince Come : a Canaral Herginsh | 721 Sinn Avantum | 181

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10412 CERTIFICATE OF DEATH

	ALL OF LIE OF THE				
1.	PLACE OF DEATH a. COUNTY Prince George's	MARYLAND	2. USUAL RESIDENCE (a. STATE Maryla		tion: Residence before admission) Prince George's
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH DF STAY IN 1b 3 days	c. CITY DR TDWN (If out.	side corporate ilmits, write F	RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho Prince George's General	spital, give street address) Hospital	d. STREET ADDRESS 1119 49th	Ave.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle Mae	Pilcher 4.	OF July	9 Year 9 19
5.	/ Female White 7. MARRIED WIDDWED		1/20/15	9. AGE (In years IFU More 151 yrs.	INDER 1 YEAR IFUNDER 24 HRS. Hours Min.
	ng myst of working life, even if retired) IN	ND OF BUSINESS OR DUSTRY HE ME	11. BIRTHPLACE (County	1/1/2	12. CITIZEN OF WHAT
13.	FATHER'S NAME	C.A.	14. MOTHER'S MAIDEN	NAME CULTITLE	sek
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S s, no, or unkown) (If yes give war or dates of service)	SDCIAL SECURITY NO. 17.	INFORMANT SEPH G	Address	SEE & 2
Ī	18. CAUSE OF DEATH [Enter only one cause per lir PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (c).]	IZMONAR	V EMBOZ	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b)	POMBOPA		RIGHT	About I day
	gave rise to immediate cause (a), stating the underlying cause last.	PAENOUS			
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of In)	ury In Part I or Part II of Ito	em 18.)
MEOICAL	20c. TIME DF INJURY Month, Day, Year 20d. IN Hour a.m. While at work	Not While facto	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospital) attende saw the deceased alive on July 9				19 66, that (I) (we) last I on the date stated above.
	22a. SIGNATURE Falix fl	oses MD	ATTENDING — / MED	AM 22	DATE SIGNED 7-9-66
	22c. PHYSICIAN'S NAME (Type) FELIX FI	CORES	22d. ADDRESS / 6	7	LRIDGE DRIVE
232	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	coln	DLACENSON	6, Hd.
24	FUNERAL DIRECTOR LIVE IN AM DELS Co Inc	SUPSII L	25a. REC'D DATE JUL	BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYHAND 101.12 CERTIFICATE OF DEATH

10910	OLK III IOAT	L OI DEATI			
1. PLACE OF DEATH a. COUNTY Prince Georges	MARYLANO	2. USUAL RESIDEN			Residence before admission) ince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
Prince Georges Genrl			Forest Ro	ad,	ON A FARM? YES NO 🔀
3. NAME OF First DECEASED (Type or print) Harold	Middle	Plotts	4. DATE OF DEATH	Month 7	19 Year 66
5. SEX 6. COLOR OR RACE 7. MARRIED [White WIDOWED]	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 824/03	9. AGE (In years IF UND oirthday) Months yrs.	ER 1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (C	County & State, or forei	on country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAI	OEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT		Address	UNK
(Yes, no, or unkown) (If yes give war or dates of service)	8-26-6602 V	IVIAN C.	PLOTIS	SEE H	2
1B. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]		4		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	acute Pale	renary ed	lina.		ONSET AND DEATH
491 X IMMEDIATE CAUSE (a)	2	-			
Conditions If any which I	Bronchoppe	4			
conditions, if any, which gave rise to immediate (b)	and terupine	uminea			
cause (a), stating the DUE TO					
underlying cause last. (c)					140 HIAO AHTODOV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	TING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(19. WAS AUTOPSY PERFORMED? YES XX NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 202. ACCIDENT WAS UNDERLYING 20b. DI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	of Injury in Part I or	Part II of Item	IB.)
	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, f	arm. 20f. (City of	town) (f	county) (State)
20c. TIME OF INJURY Month, Cay, Year 20d. IN Hour a.m. While p.m. 19 at work	Not While facto	ory, street, office bldg.,		town) (c	ounty) (State)
21. I certify that (I) (this hospital) attende	d the deceased from	, 1	1957, to 7/	/	66, that (I) (we) last
saw the deceased alive on	19 6 and that	t death occurred at.			the date stated above.
22a. SIGNATURE	M.C	ATTENDING XX	50Pm MED. STA DIRECTOR □ PH	AFF -	DATE SIGNED 1y 19, 1966
22c. PHYSICIAN'S NAME (Type) Peter Duus, M.	D. ,	22d. ADDRESS	tral Ave. (Capitol H	gts. Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 7/23/66	23cg NAME OF CEMETERY	OF CREMATORY	23d. LOCATION	City, town or	county) (State)
24 FUNERAL DIRECTOR	ADDRESS 7	25a. RI	C'D BY REGISTRAR	25b. REGISTRA	AR'S SIGNATURE
UU. Chamberslo. w.	45H. D.C.	DATE J	UL 22 196	6 Jelia	rles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depting VR A15 (4) 15M 4-64

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	sidence before admission)
Prince George's MARYLAND	MIA. Brines	George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	and give nearest town)
Cheverly 8 days	Washington, D. C.	16-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Prince George's General Hospital	6301 Rollins Avenue	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(Type or print) Andrew	Queen DEATH July	8 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 last birthday) Months	
Male Negro WIDOWED DIVORCED	1/1/95 71 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	TIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	ma	UNIBAS Y
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2/1
1211/2 / 0000	Aluttin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	-0:
(Yes, no, or unkown) (If yes give war or dates of service)	+ 11' d 11-6267-86	ellens are
- Ha	reller King-Unughly. Seats	Received mit
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Myocardial Infa	arction	8 days
4201 DUE TO		
Conditions, If any, which) (b)		
gave rise to immediate		
underlying course look		
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
Di abata		PERFORMED?
Diabetes	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)	YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Diabetes 20a. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 of Part 11 of Item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)	
	July 100	C Not (I) (ve) lock
21. I certify that \$0 (this hospital) attended the deceased from		6., that (1) (we) last
	t death occurred at 12:00, from the causes and on th	TE SIGNED
228. SIGNATURE	ATTENDING - MED STAFF - 7/0	
M.D	DIRECTOR PHYS. 22d. ADDRESS	700
22c. PHYSICIAN'S NAME (Type)		14.1
Ohannes Sahakyan, M.D.	5813 Landover Rd., Cheverly,	
23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or cour	nty) (State)
1-13-1766 my active	1 Stadensoury	KA NI
24. FUNE AL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	S SIGNATURE
Howasignot in 4925 Weare	ONE / Y DATE JUL 11 1966 Julian	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after death,

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10/15			CERTIFICA	TE OF D	EATH		10408	3
1.	PLACE OF DEATH a. COUNTY	· George's		MARYLAN	a. STA		b. COUNTY		
	b. CITY OR TOW	N (if outside corporate and give nearest tow		LENGTH OF STAY IN		TOWN (If outside	corporate limits, write	RURAL and give near	est town)
_	d. NAME OF HOS	st Heights SPITAL OR INSTITUTION	N (if not In hospi	tal, give street addre	ss) d. STREET		ights , Mary	e. IS R	ESIDENCE
		artis Drive				- Curtis	Drive SE	YES	FARM?
3.	NAME DF DECEASED (Type or print)	GEORGE	rst	Middle H. F	Last ABBITT	D	EATH July 13	th 19	ear 9 66
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED				UNDER 1 YEAR IF UND onths Days Hour	
	Male	White	WIDOWED	DIVORCED	July 2		47 yrs.	10 0171750 05 WH	AT
dur	ing most of work	ION (Give kind of work ing life, even if retire	d) INDU	of Business or Stry Store		yland	State, or foreign country)	12. CITIZEN OF WH.	A I
13.	FATHER'S NAM	E			14. MOTH	ER'S MAIDEN NAI	ME		
J	oseph C.	Rabbitt			Bert	ha Smith			
		VER IN U.S. ARMED FO (If yes give war or dates o		CIAL SECURITY NO.	17. INFORMANT		Address		
	les	WW11		1	Irs. Thom	as Love	(Sister) sa	me as # 2.	
		DEATH [Enter only on ATH WAS CAUSED BY	. A,	for (a), (b), and (c).]	yocar	-dial	in fanci	INTERVAL E	DEATH
HARTI DENTINAS CAUSE (a) HELITE MIJO CANA (G) IN TANCTION 30 MIN.									
Conditions, If any, which gave rise to immediate (b) LSSENTIAL hypertemsian 5+yrs								150	
	cause (a), st underlying caus	ating the DUE	TO A	rterio	scle	rosis		5+4	rs.
CATION	PART II. OTHER S	IGNIFICANT CONDITION	ONS CONTRIBUTION	IG TO DEATH BUT NOT I	RELATED TO THE T	ERMINAL DISEASE	CONDITION GIVEN IN PA	RT 1(a) 19. WAS PERFO YES 7	AUTDPSY ORMED? ND
CERTIFI	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING NG CAUSE OF DEA IFY MEDICAL EXAMI	TH NER)	CRIBE HOW INJURY O	CCURRED. (Enter	nature of Injury	In Part I or Part II of I	tem 18.)	
MEDICAL	20c. TIME OF I			RY OCCURRED 20e. Not While fat work	PLACE DF INJUR actory, street, off	Y (Home, farm, 2 ice bldg., etc.)	Df. (City or town)	(County)	(State)
	21. I certif	y that (I) (th is hos p		the deceased from	Sepi	1945	, to Jul. 13.	, 19 <u>66</u> , that (I)	(we) last
		ceased alive on	116	19 6 0, and	that death occu	irred at 2, 1017	M, from the causes an	id on the date state	ed above.
	22a. SIGNATUR	6 Mach	whole	6.	M.D. PHYS.	DIRECT	STAFF	7111	6
	22c. PHYSICIA NAME (Ty	no) .	chenbach			odress L- Columb	ia Road N.W.	Wash.,DO	
23a	BURIAL, CREM	ATIDN, 23b. DATE			ERY OR CREMAT		LOCATION (City, town		(State)
	Burial	bury 17	-66		Vational		- Arlingto	n, Virgini	a
24	Summ	1000		ADDRESS Wa	sh.,DC	25a. REC'D BY		ISTRAR'S SIGNATURE	
S	immons B	ros. Funera	1 Home 1	661-Gd. Hoj	e RD.SE	DATE SOL	70 1900		0

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	L 7	0278 7/1/	166 mb	1114111
1. PLACE DF DEATH a. COUNTY	Cems Jy/ Flim	2. USUAL RESIDENC	E (Where deceased lived, II Ins	stitution: Residence before admission)
Prince George	MARYLAND	a. STATE ary	land Tri	ince George
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, wr	ite RURAL and give nearest town)
write RURAL and give nearest town) Cheverly	26 days	Cedar H	eights	16-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince George General	Hospital	6219 L	St., SE	YES NO NO
3. NAME DF First DECEASED	Middle	Last	4. DATE Month	h Day Year
(Type or print) Vincent	R_{a}	wlings	DEATH 7	2 19 66
5. SEX 6. COLOR OR RACE 7. MARRIE		. DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YEAR IF UNDER 24 HRS.
M C WIDOWEI	(ma)	4/16/78	last birthday) 88 yrs.	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country	1) 12. CITIZEN OF WHAT COUNTRY?
UNKNOWN	UNKNOWN	VIRGI	NIA	USA
13. FATHER'S NAME	1	14. MOTHER'S MAID		- 57
SAMUEL RAWLINGS		UNKNOWN		
	S. SOCIAL SECURITY NO. 17.	INFDRMANT	Addre	00
(Yes, no, or unkown) (If yes give war or dates of service)				
	UNKNOWN J	ULIUS RAWLI	NGS 917 FRENCH	STREET. N.W.
18. CAUSE DF DEATH [Enter only one cause per	line for (a), (b), and (c).1			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Ilal NIII / Di	11011		UNSET AND DEATH
IMMEDIATE CAUSE (a)	11111111111111	7070		
DUE TO	and the Tax	- /1/2011	c mult	10/-
Conditions, If any, which gave rise to Immediate (b)	ecao Ilas	MICEN	7 11101111	PIE
cause (a), stating the DUE TO	The Time			
underlying cause last. (c)	enilily			
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRICT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year About Amount Contribution of the Contributio	BUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
E 20a. ACCIDENT WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY OCCU	DDED (Enter nature of	Injury in Part I or Part II o	
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE NOW INSURT OCCU	KKED. (Litter nature of	many in Part 1 of Part 11 o	71 (1011)
ZOC. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
Hour a.m. While	פ ביין אסג אחוופ ביין	y, street, office bldg., et	(C.)	
			11. 0.0.	3 20 / 13 -5 (1) (1-1) 2006
21. I certify that (I) (this hospital) atten	ded the deceased from			2, 19 4 that (I) (we) last and on the date stated above.
22a. SIGNATURE	1 de la constante de la consta	death occurred at a		1 22b. DATE SIGNED
Caraus WIII	i Lauren M.D.		MED. STAFF PHYS.	7/3/66
22c. PHYSICIAN'S AME (Type) AME (Type)	M. LAURIN	22d ADDRESS	Genie H	osp.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
WEMOVÁĽ (Specify) 7-7-00	Harmony Me	morial Pk	Prince Ge	eorges, Md.
24. FUNERAL DIRECTOR	ADDRESS			EGISTRAR'S SIGNATURE
John T. Wheres Co	3811-13	2 of MA DATE	JUL 1 2 1\$56	John Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10217 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) d. STATE Maryland o. COUNTY b. COUNTY Prince George's Page delay is and 3 to Prince George's b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Deportment c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b pup P.M3. Oxon Hill Oxon Hill d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office olang with form in Item 18. Give Poges 1 3436 Brinkley Road 3436 Brinkley Road ote YES NO X 24 hours ofter deoth. 3. NAME OF Middle First 4. DATE Year DECEASED 28 1966 Mary Ellen Regan (Type ar print DEATH within S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Sast birthdoy) Months Hours 11-12-1883 white female WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Mass Examiner's be executed within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Timothy Mulligan Margaret Carroll 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address ord "pending" in Chief Medical E Mary Nau Same as remov 1B. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Heart Failure 0 This certificate should e, writing the word forwarded to the Ch cremotion, DUF TO Canditians, if any, which gave Arteriosclerotic Heart Disease rise ta immediate cause (a), DUE TO stoting the underlying cause 0 buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO pe 0 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) should should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. designated agent, 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City ar tawn) (Stote) (County) Haur o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge Not While 19 Page ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection X. Inquiry X ond in my opinion funerol directar. Notural souses X deoth resulted from: Suicide . Accident Homicide Undetermined monner be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7-29-66 Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** mov NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street, city, tawn, ar county) the 36. DATE THEREOF -30-1966 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION (County) (State) 0 Mt Olivet Washington, D.C. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charley

DATE

VR A15ME (5) 6M 1/66

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		I	te	m 18 Film 381 10-17-66 MARYLAND STATE DE	PARTMENT OF HEALTH	
1	174			Division of STATISTICAL RESEARCH AND RECORDS, 30	1 W. PRESTON STREET, BALTIMORE, MARYLAN	ID 21201
FOR ST	ALE			10418 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	10411
HEALTHY	OEKI:			ACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution:	
2, and 3 to PM3. Page	# at		L	Prince George's MARYLAND	Maryland Princ	e George's
delay and 3 A3. Pag	death.		ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carparate limits, write RURAL	ond give neorest town)
y d	partm			Cheverly DOA	Bowie	16-1
1, 2, T	Department rs after deat		C	NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
es form	State De 2 haurs	19		rince George General Hospital	12720 KincaidLane	YES NO X
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	7 =		M		11 Aug. 1962 3 yrs.	
24 haurs in Item 18 r's Office	_			ISUAL OCCUPATION (Give kind of work done most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Washington, D.C.	12. CITIZEN OF WHAT COUNTRY?S.A.
in 24 cil in ner's	pages in any		13.	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
within pencil	and i			Ben Reifler	Pearl	
P = 3	INFORMANT Address					
ing	ava		(10.	no, or unknown) ((If yes give war or dates of service)	en Reifler, Father 1272	20 Kincaid La
e shauld be executed within the ward "pending" in pencil to the Chief Medical Examine	or remaval,			8. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN
be hie	burial-transit mation, or re	- 1		IMMEDIATE CAUSE (o) ASPNYX12		ONSET AND DEATH MINUTES
shauld e ward a the Ch	ion,			Acute parmonary ed		
sh v ar	bur			onditions, if ony, which gove (b) Acute laryngeal educate immediate couse (o),	ema (SDE	
certificate writing th rwarded to	used as a burial-tr burial, cremation,			toting the underlying couse of DUE TO Acute laryngotrache ost Organism - pneumbcocci & Staphy - 18	eobronchitis	24 hrs.
writing rwarded	d a		1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T		19. WAS AUTOPSY
			S S	AKI II. OTILK SIGNITICANI CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
This icate, be fo	be r ta	0	CERTIFICATION	DO. EXTERNAL CAUSE WAS 2Db DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	VES X NO □
100	ige 3 should agent, priar			PRIMARY □ or CONTRIBUTING □ LAUSE OF DEATH.		
S e E	ge 3 s		MEDICAL	20d. INJURY Month, Doy, Year Hour a.m. 20d. INJURY OCCURRED Cotton foctor of work 19 of work 19 work 1	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	(County) (State)
EX-cute cute	P P P		1	21. I certify that I took charge of the remains described above, hel	eld on Autopsy 🔀 , Inspection 🔀 , Inquiry	x, ond in my opinion
exectors. Paragraph Paragr			- [ide , Homicide , Undetermined monr	
MEST please e directar	REC				CHIEF MEDICAL EXAMINER	101
EPUTY MESTA ISSARY, please ex funeral director.	. +-			ACTUAL John Lebert	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
ury, ary, be	G OT	2		XAMINER'S	DEPUTY MEDICAL EXAMINER	
o DEPUTY necessary, p the funeral 5 may be re	ro FUNERAL Health ar its		00	WAME (Type) John Kehoe, M.D. Riverdale, Md. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	Address (Street, city, town, or county)	7-11-66
nece the 5 m	He 10		230.	DEMOVAL (Specific	CREMATORY Cemetery LOCATION (City or Town)	(County) (Stote)
100	,	-1	24	THE PARTY OF THE P	OC DECID BY DEGISTRAD OCI DEGIST	RAR'S SIGNATURE
VR A	15ME (5)		a.77.	and Sons 3501-14th	St.N. W. JUL 13 1866	Charles Judge
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10413

CERTIFICATE OF DEATH

10412

/		W 0 W W										121	ful	d
		PLACE OF DEATH	George Cou	.+				2. USUAL RESIDENCE (on)
						MARYLA		4000 Te Cathedral Ave. N. Wash.D.C c. CITY OR TOWN (If autside corporate limits, write RURAL ond give neorest town)						
		b. CITY OR TOWN write RURAL ar	(If autside carparate limi id give nearest tawn)	is,	137	c. LENGTH OF STAY IN	lb	3.4/	tside corporate li	mits, write RUR	AL ond give	neoresi	town)	
7			NBELT					WASHINGTON 47-3						
)	G	d. NAME OF HOSPI Preenbelt	Convalesc	ent	Cent		-36	d. STREET ADDRESS	enbelt	Rd. Gr	cenbe	2.	e. IS RESII ON A F YES	ARM? NO X
		NAME OF	F	irst		Middle		Last	4. DATE	Manth	n	Day	Ye	ar
		(Type ar print)	Mary Elizal	oeth	n Rej	ynolds			OF DEATH	Ju	ly	3	196	56
	S. :	SEX	6. COLOR OR RACE	7. M	ARRIED	NEVER MARRIED	1	B. DATE OF BIRTH	9. AG	E (In years	IF UNDER			R 24 HRS.
		Female	White	WII	DOWED	DIVORCED		Aug. 30, 189	5 78	st birthday) yrs.	Manths	Days	Hours	Min.
H			N (Give kind of work done life, even if retired)			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Illinois	& State, or fareign	country)	12. CIT CO	IZEN OF UNTRY?	WHAT	
ï		FATHER'S NAME						14. MOTHER'S MAIDEN I	NAME					
	DANIEL SMITH 3													
			ER IN U.S. ARMED FORCES			OCIAL SECURITY NO.	17. 1	NEORMANT HUS	BAND .	- Addres	22	1.0	-0.0	
		es, no, or unknown) NO	(If yes give war or dates	of servi	252-	-00-320	W.	I.E. REVNO	170 -	Same	a It	Lung	2	
			EATH (Enter anly one co	use per	15		7 0	IL THEYNO	-115			INTE	ERVAL BET	TWEEN
			TH WAS CAUSED BY: IMMEDIATE CAUSE			BRAL TH	RON	BASIS				ONS	SET AND D	DEATH
		443	V	TO						1		-	,	
	1	Conditions, if on		(b)	CER	LEBRAL	7	HROMBOS	IS		15.0	3	MOS	10
		stoting the und		TO				1.		X		25 YRS		1/-
		last.)			ERTENSIV					ASE			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									19.	WAS AUTO PERFORM	OPSY AED?		
0	CATIC	E CAROTID ARTERY PROSTHESIS, RIGHT 1962 YES N								NO 🔀				
	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)													
	MEDICAL	20c. TIME OF IN.	IURY Month, Doy, Year					CE OF INJURY (Home, form		ty ar town)	(Cou	unty)		(State)
	ME		m. 19		While of wark	Not While of work	10010	ory, street, office bldg., etc.)			3.00		-	
		21. I cert	ify that ((1) (this ha	spital)	attend	led the deceased fr	am	JANUARY,1	9 66, ta_	JULY 3	, 194	6, th	at (I) (we) las
		saw the c	lecepsed alive an_	6/0	25	19 <u>(c)</u> , an	d that	t death accurred at	720AM, fr	om causes o	and an th	he date	e stated	d abave
		220. SIGNATURE	ains Su	ile	SA	ie, IV.	M.E	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. D/	ATE SIGN	-66	S
1	i	22c. PHYSICIAN NAME (Typ		-14	LE	SAIE, J	R	22d. ADDRESS 1714 N	ST. N,	w. Wi	45H/	NGT	ON	D.C.
	23a	BURIAL, CREMATI		EREOF		23c. NAME OF CEMETE	RY OR	CREMATORY	23d. LOCATI	ON (City or Tov	vn)	(Caunty)	(5	State)
	E	REMOVAL (Specif	July &	, 19	166	ARLING:	TON	/ NATH, CE	my /	RLINE	STON	/	Va	0
	24	. FUNERAL DIRECT		95	0	ADDRESS W	ask	70	BY REGISTRAR		GISTRAR'S S			. 1 45
		ZA.D	on. WE	00	~ 2	222WW	, a	we MU DATE	JUL 2	1966	fu	are	es fo	age.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10420		CERTIFICATE	OF DEATH	aline in a need	1041	3
1. PLACE OF DEATH G. COUNTY PRINCE	GEORGE'S	MARYLAND,	MARYLAND	Where deceased lived, if institu	E GEORGI	E'S
b. CITY OR TOWN (If outside write RURAL and give no	corporote limitandr grest town) AFB	UNKNOWN DOA	CAMP SPR	itside carparate limits, write Rl	JRAL and give neare	Arimon
d. NAME OF HOSPITAL OR IN		USAF Hosp.Andre	d. STREET ADDRESS WE049 WAL	DREN AVENUE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First ROSE		ICE Last	4. DATE Mor OF DEATH JULY	29	1966
	OTTO WITH	WED XX DIVORCED :	DATE OF BIRTH 11 MAR 18		Manths Doys	Haurs Min.
10a. USUAL OCCUPATION (Give ki during mast af warking life, ever HOUSEWIFE 13. FATHER'S NAME		Ob. KIND OF BUSINESS OR INDUSTRY N/A	BOSTON 11. MOTHER'S MAIDEN		12. CITIZEN O COUNTRY U.S.	?
HENRY WALSH 15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (If yes g	ARMED FORCES? ve war or dotes af service)	16. SOCIAL SECURITY NO. 17. IN 031-12-7748 FR		ADY GHTER) Add WOOLDRIDGE-	SAME AS	#2
PART I. DEATH WAS 3 3 2 X Conditions, if ony, which inse to immediate cause storing the underlying colors. PART II. OTHER SIGNIFICAT	L CAROTID A BASILAR AR NOTITION GIVEN IN PART I(a)	TERY 1	WEEK ARS WAS AUTOPSY			
20g. ACCIDENT WAS UNDER	E OF DEATH	Ob. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I ar Part II of item 18.)	,	PERFORMED? YES X NO
(IF EITHER, NOTIFY MEDICAL 20c. TIME OF INJURY Mail Haur o.m. p.m.	nth, Day, Year	20d. INJURY OCCURRED 20e. PLAC While Not While focto at work focto	E OF INJURY (Home, form ry, street, office bldg., etc.)	n, 20f. (City ar town)	(County)	(Stote)
21. I certify the saw the deceose 22a. SIGNATURE	(I) (this hospital) of alive on SEE)	THE THE STATE THAT THE THE THE THE THE THE THE THE THE TH	death occurred at MOTEURA F M 22d. ADDRESUS, USAF AN	A.M. DIRECTOR PHYS. [AF HOSPITAL	and on the da 22b. DATE SIG 29 JUI ANDREW	NED L 66
230. BURIAL, (REMATION, REMOVAL (Specify)	23b. DATE THEREOF \$ - 3- 1960	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or T	J. Mas	20
24 FUNERAL DIRECTOR	MARTERIAL	ADDRESS		BY REGISTRAR 2Sb. F	REGISTRAR'S SIGNATU	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremotion, a Jemoval, and in any event, within 72 hours after death

VR A15 (4) 20 M 1/66 ITEM NUMBER 21 CONTINUED:

RESCUE SQUAD BROUGHT THE REMAINS OF ROSE JOSEPHINE RICE TO USAF HOSPITAL ANDREWS, ANDREWS AFB, MARYLAND AT APPROXIMATELY 1220 A.M. 29 JULY 1966. THE PHYSICIAN ON DUTY IN THE EMERGENCY ROOM PRONOUNCED DEATH AT 1220 A.M. 29 JULY 1966. A SPECIAL AGENT FROM PRINCE GEORGE'S COUNTY POLICE CAME TO THE HOSPITAL AND HE CONTACTED DOCTOR JOHN KEHOE, MEDICAL EXAMINER, PRINCE GEORGE'S COUNTY, WHO RELEASED THE REMAINS TO OFFICIALS OF USAF HOSPITAL ANDREWS.

ADDIEVA REBULIAN PLANTS LES LES LA LA LA LANGUETA MARCIAN PLAN

NAME OF THE PROPERTY OF THE PR

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by the funeral Pages 1 and 2 Pages 1 and 2 urs after death. hours after death ve carbon papers. Pag event, within 72 hours completely filled in ve carbon papers. I executed within lease remove c and fing physician a Then please re centificate be or removal, attend the artend t permit. been signed by the atternity the burial-transit permits for to burial, cremation, o PHYSICIAN: The law requires that the hospital or attending physician. r this certificate has been detached for use as the the Dept. of Health prior to be de State director, page 3 should be d should be filed with the State ATTENDING retained by be retained Page 4 may VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE Maryland Prince George's Prince George's MARYLANO b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DE STAY IN 1b Upper Marlboro Cheverly 2 davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Box 4450 Marlboro Pike NO Prince George's General Hospital YES 3. NAME OF Middle DATE Month Year Last 4. DECEASED (Type or print) Girl Rinev DEATH July 1966 Baby 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours WIDDWED DIVORCED July 9, 1966 White 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? USA N/A Prince George's, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Lawrence Riney
15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unkown) (Ifyes give war or dates of service) Betty Ann Cooksey 17. INFORMANT Address 16. SOCIAL SECURITY NO. N/A Mother As above N/A 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Conditions, if any, which (b) gave rise to immediate **OUE TO** (a), stating Manu underlying cause last (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? YES ... NO T 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work

66 to July 11 66 that (K (we) last July 19 21. I certify that (IX(this hospital) attended the deceased from 1966 and that death occurred at 1:15 M. from the causes and on the date stated above. saw the deceased alive on. DATE SIGNED 22a. SIGNATURE am ATTENDING PHYS. 7-12-66 DIRECTOR PHYS. M.D.

(State)

PHYSICIAN'S NAME (Type) Mary K. L. Sartwell, M.D. 22d, ADDRESS. 6811 Riggs Road, Hyattsville, Md.

BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)
REMOVAL (Specify)
Phince George's Gen. Hospital Cheverly Ma

Cremation 7/16/66 Phince George's Gen. Hospital Cheverly Maryland
24. FUNDAL DIRECTOR ADDRESS 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TARRY WEEDIN Jr. Admin. Cheverly Md.

DATE JUL 2.0 1966 Recorded Lude

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perfut. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or repoval, and in any event, within 72 hours after Dept. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. Prince George's Prince George's Prince George's Description of the composition of the
Prince George's b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George's General Hospital 3. NAME OF DECEASED (Type or print) Baby Boy Boy A DATE Month Day Year OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED JULY 9, 1966 White WIDOWED DIVORCED JULY 9, 1966 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A 13. FATHER'S NAME Charles Lawrence Riney 14. MOTHER'S MAIDEN NAME Charles Lawrence Riney 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N/A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 MARRIED WAS CAUSED BY; IMMEDIATE CAUSE (a) N/A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 MMEDIATE CAUSE (a) N/A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 MMEDIATE CAUSE (a) N/A C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest C. CITY OR CI
D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George's General Hospital 3. NAME OF DECEASED (Type or print) Baby Boy Boy Riney DEATH July 10 19 6. IS RESIL (ON A FABLE) Month Day Year OF DECEASED (Type or print) Male White WIDOWED DIVORCED JULY 9, 1966 JULY 9,
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Conditions, If any, which gave rise to immediate (b)
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTHORIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 120a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH OF CHIEFER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p.m. 19 While at work A
21. I certify that # (this hospital) attended the deceased from July 9 , 1966, to July 10 , 1966, that # (w
saw the deceased alive on July 10 19 66, and that death occurred at 9:30M, from the causes and on the date stated
22a SIGNATURE 1 22b. DATE SIGNED
All Countries
many K L. Santwell, M.D. ATTENDING MED. STAFF 7-12-66
Marie J. J. Austwell ATTENDING MED. MED. MED. MED. MED. MED. MED. MED.
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10423

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10416

December 1	1	. PLACE OF DEATH					2. USUAL RESIDENCE	(Where dec	eosed lived, if instit	ution: Resider	ce before	odmission	n)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly Cheverly A NAME OF hospital or in hospital, give street address) ANAME OF DECKASED (Type or print) S. SEX A. COLOR RACE Prince George's General Hospital S. SEX A. COLOR RACE First Middle Donna Rodgers Rod	M	o. COUNTY	ongo la		MADVI	AND	o. STATE	- A	b. (Q	UNTY	0.00		
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d. NAME DF HOSPITAL OR INSTITUTION (If not in haspitol, give street address) Prince George's General Hospital 6707 Bellefonte Place 7 Bellefonte Place 10 NAME DF First No A FARM? Prince George's General Hospital 6707 Bellefonte Place 10 NAME DF OF First No Month Doy Year 10 NAME DF OF First NO SECASED (I'ye or print) 10 Donna Rodgers Rodgers 10 NAME DF BRITH PROBLE White NODWED DIVORCED 10 NOTE: A DATE OF BRITH PROBLE White NODWED DIVORCED 10 NOTE: A DATE OF BRITH PROBLE White NODWED NOUNTED 10 NOTE: A DATE OF BRITH PROBLE White NODWED NOUNTED 10 NOTE: A DATE OF BRITH PROBLE White NODWED NOUNTED 10 NOTE: A DATE OF BRITH PROBLE White NOTE: A DATE OF BRITH PROBLE WHAT COUNTRY YEAR 12 CHIZER OF WHAT COUNTRY YOUR AND THE NOTE OF BRITH NOTE: A WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yeap we war or dotes of service) NOSE! AND DEATH NOSE! AND DEATH NOSE! AND DEATH NOSE! AND DEATH Charles H. Rodgers 6707 Bellefonte P1. Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)) PRATI DEATH WAS CAUSED BY: (b) Basal skull fracture 19 NOSE! AND DEATH Conditions, if only whose (ou) stoting the underlying couse (b) Stoting the underlying couse (c) Stoting the Underly Month, Doy, Year NEW COUNTRY OF DEATH BUT NOT COUNTRED (Enter noture of injury in Port II of item 18.) 20 EXEREMAL CAUSE WAS PRIMARY IZE or CONTRIBUTION (COUNTRED ON Month) Doy, Year NO STOTING THE STOTING THE TOWN (COUNTRED ON MONTH) DOY, Stote) NO STOTING THE TOWN (COUNTRED ON MONTH) DOY, Stote) NO STOTING THE TOWN (COUNTRED ON MONTH) DOY, Stote) NO STOTIN		write RURAL and gi	re nearest town)	,					orose minis, wine k	OKAL ONG GIV			
Prince George's General Hospital 6707 Bellefonte Place ON FARM? 3. NAME OF DECEASED (1/ye or print) Donna Rodgers Rogers OEATH 7. Maried No TY 8 19 66 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NO WIDDWED DIVORCED 10-15-54 19 BEATH 7. Set (in yeors) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 101. MINIO OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) Wash. D. C. 11. FATHER'S NAME Charles Rodgers 15. WAS DECEASED EVER IN U.S. ARMED FORES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO 17. INFORMANT Charles H. Rodgers 6707 Bellefonte Place 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PRINTARY BOY OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PRINTARY BOY OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PRINTARY BOY OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PRINTARY BOY OF THE SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) PRINTARY BOY OF THE OWN OF THE OWN OF THE TERMINAL DISEASE CONDITION GIVEN	-	Cheverly	D INCTITUTION (II		26 hours			n					
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20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 7-7 19 66 of work of the remains described obove, held on Autapsy , Inspection , Inquiry X, and in my apinion	TIE	200. EXTERNAL CAUSE		20b. DES	CRIBE HDW INJURY OCC	URRED.	(Enter noture of injury in	Port I or F	ort II of item 18.)				
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 7-7 19 66 of work	- 1	CAOSE OF DEATH.	BOTING [driv	er of bicy	cle	which coll	ided	with car.				
21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion	ICA!	20c. TIME OF INJURY		20d. IN	JURY OCCURRED 2	Oe. PLA	E OF INJURY (Home, for	m, 20f	(City or town)	(Cou	inty)	(S1	tote)
21. I certify that I took charge af the remains described above, held on Autapsy, Inspection	ME	Hour o.m.	7-7 19	66 While	Not While)ldact	Miexalider T	erry	Rd. Cli	nton p	G.	Md	
												II IIIy u	pillion
CHIEF MEDICAL EXAMINER			1		, Accident LA	3010				nonner [_	J		
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED		ACTUAL	Votas	1100	hap						22	. DATE S	IGNED
7.044	1		90 000	1 /21					-		-	1-9-6	6
NAME (Type) John Kehoe M.D., Riverdale, Maryland Address (Street, city, town, or county)		NAME (Type)	Kehoe M	D Ri	werdale M	amrl					,	, ,	
236. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	2	Bo. BURIAL CREMATION.	23b, DATE TH	EREOF	23c. NAME OF CEMETE	RY OR	REMATORY	23rl	LOCATION (City or T	own)	(County)	(Sto	te)
Burial 7/12/66 Ft. Lincoln Cemetery Bladensburg, Prince Georges M		BUTTA (Specify)							, ,	,	, ,,	,	,
24 FINERAL DIRECTOR ADDRESS 250 DEC'D BY DECISTRAD'S SIGNATURE		A FLINERAL DIRECTOR			ADDRESS	11 06			TRAR 25b F	REGISTRAR'S SI	GNATURE	20180	. 0 . 10
Robert E. Wilhelm Funeral Home 14308 Suitland Rd. Suitland Rd.		Robert E.	Wilhelm F	uneral	Home		DATE		3 1966	Clia	rley	Judg	100

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after geath. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10424
CERTIFICATE OF DEATH
10417

	111426		CERTIFICAT	E UF DEATH	111:	*11
1.	PLACE OF DEAT a. COUNTY Prince	H George's	MARYLAND	2. USUAL RESIDENC a. SIATE Marylan	E (Where deceased lived, If Institution: Reb. COUNTY 1d Prince (
	b. CITY OR TOW write RURAL Chever	/N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURAL	and give nearest town)
		SPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	76	e. IS RESIDENCE
		George's General			incy Place	ON A FARM? YES NO X
3.	NAME DF DECEASED (Type or print)	First Babv	Middle Girl	Rollins	4. DATE Month DF DEATH July	Day Year 11 19 66
5.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In years IF UNDER :	YEAR IF UNDER 24 HRS.
	Female	White WIDOWED	DIVORCED	July 11, 19		Days Hours Min.
10a	. USUAL OCCUPA	TION (Give kind of work done 10b. K	IND OF BUSINESS OR		unty & State, or foreign country) 12, Cl	TIZEN OF WHAT
UUI	N/A		/A	Prince Genr	ge's, Maryland USA	
13.	. FATHER'S NAM		7	14. MOTHER'S MAID	EN NAME	
	Luther	Wesley Rollins		Gladys Fagl	lier	
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	N/A	N	I/A	Mother	as above	
	PART I. D	DEATH [Enter only one cause per EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (a), (b), and (c).]	alus, ci	ong.	ONSET AND DEATH
	15/2	DOE 10	in a Mica	in co cal	/2	
	Conditions, if gave rise to	immediate (and your	my go		
	cause (a), s	an took		0		
CERTIFICATION	enderlying cau		UTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING 20b. ING CAUSE OF DEATH ITIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of	injury in Part I or Part II of Item 18.	
MEDICAL	Hour a.		Mot while	CE OF INJURY (Home, fai ry, street, office bldg., et	rm, 20f. (City or town) (Cou	nty) (State)
		fy that (I) (this hospital) attend	ed the deceased from J	uly ll 19	66 to July 11 1966	that (I) (we) last
		ceased alive on July 1	1 19 66, and tha	death occurred aff 1	:20M, from the causes and on th	
	22a. SIGNATU	RE /	n, 1		am 22b. D/	ATE SIGNED
	Mu	IT Jan	// M.I		MED. STAFF 7/1	11/66
	22c. PHYSICI NAME (T		sa, M.D.	7403 Varn	num St. Landover Hil	lls, Md.
23a	BURIAL, CRE		1 23c. NAME OF CEMETER		23d. LOCATION (City, town or cou	
	REMOVAL (Si		Prince George			Marvland
24	VINERAL DIR		ADDRESS /	25a. REC	D BY REGISTRAR 25b. REGISTRAR	
Ha	ALGW.	Penn, Jr., Admin.	Chever 17, Mar	yland DATE J	UL 20 1966 gelia	rles Jugan
	/	6-225691	71		U	0

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE Page Prince George's deoth Prince George's Maryland MARYLAND delay Department by CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16" CECITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and PM3. write RURAL and give nearest tawn) after DOA Kent Village Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Pages 1, farm haurs YES NO X ate. 7220 Forest Road. Prince George General Hospital 24 haurs after death. alang with DATE 3. NAME OF Middle Year the Strin 72 DECEASED 66 Leslie 19 (Type or print) Anne Rowland DEATH withi with AGE (In veors IF UNDER YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours WIDOWED DIVORCED Office of White Nov. 1959 Female 7 event 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY during most of working life, even if retired) INDUSTRY Martinsburg, W. Va. Eximiner's pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Donna Jean Roudabousch This certificate shauld be executed within 2 Leslie E. Rowland File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 7220 Fore Road (Yes, no, or unknown) (If yes give war ar dotes of service) permit. Chief Medical Leslie E. Roland remaval Sheverier, Maryland Kent Village INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Asphyxia D IMMEDIATE CAUSE (o). ward Status epilepticus cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse O farwarded SD burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION please execute the certificate, YES SC NO pe to. pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) priar 3 should PRIMARY Or CONTRIBUTING shauld STAL EXAMINER: CAUSE OF DEATH. designated agent, 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year Hour o.m foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page While Not While Page . ot work ot work 21. I certify that I took charge of the remains described above, held an Autapsy k. Inspection x, Inquiry x and in my apinian Natural causes X Acident Suicide the funeral directar. death resulted fram: Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** may Address (Street, city, town, or county) NAME (Type) Kehoe, M.D. Riverdale, Md. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) BURIAL, CREA 50 7/21/66 Fairview Bolivar, W. Virginia 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Tyson Wheeler Funeral Home-1331 Rockville Pike

Rockville, Maryland

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201,

10426

and 2

CERTIFICATE OF DEATH

1.	o. COUNTY Pri	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE D.C.										
	h CITY OR TOWN	If outside cornorate limit	5	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Glenn	Dale (rura	1 yr 9 mts		Washington 47.3							
	d. NAME OF HOSPIT		d. STREET ADDRESS					e. IS RESIL	DENCE ARM2			
	Glenn	Dale Hospi	tal			810 5th	St.,	N.W.			YES 🔲	
3.	NAME OF	Fig. 1	irst	Middle		Lost	4. DATE	Mon	th	Doy	Ye	or a
	(Type or print)	Danie	el .			Scanlon	DEAT	H July		20.		66
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B	DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER Months	Days	Hours	Min.
	Male	White	WIDOWED	DIVORCED		8/2/1902		63 yrs.	MOITINS	Duys	110013	PAINT.
10	a. USUAL OCCUPATIO	N (Give kind af work dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or	fareign country)		IZEN OF UNTRY?		
du	ring mast of working News Se	life even if refired)	Se	DUSTRY 1f Employed		Washing	ton.	D.C.	1 .0		JSA	
_	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					77-
	Edward	Scanlon				Bridget	t Del	aney				
15	. WAS DECEASED EV	R IN U.S. ARMED FORCES? (If yes give war or dates	16.	SOCIAL SECURITY NO.	17. II	FORMANT		Addr	ess			
()	no nes, na, ar unknawn)	(If yes give war or dates	of service)	unknown		Decedent						
2	Conditions, if any nise to immedio stating the underlost.	v, which gove te couse (o), erlying couse	(b) (b) E TO	monary tube							WAS AUTOPERFORM	OPSY
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIF)	S UNDERLYING C CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter nature af injury in	Part I or F	Part II of item 18.)		YI		NO [
MEDICAL	20c. TIME OF INJ Hour o.	URY Month, Doy, Year m. 19	While	Nat While		E OF INJURY (Hame, farr ry, street, affice bldg., etc.		. (City or tawn)	(Ca	unty)		(Stote)
	21. 1 certify that (f) (this haspital) attended the deceased from 10/23/, 19 64, to 7/20/, 19 66, that (f) (we) last saw the deceased olive an 7/20/19 66, and that death accurred of 2:30 MP. Mom causes and on the dote stated above.											
	220. SIGNATURE	Muse	Wer	YV	M.D		MED. DIRECTOR			ATE SIGN		
	22c. PHYSICIAN' NAME (Type		iss, M.	D.				Dale Hos		d		
1	Bo. BURIAL, CREMATI	7-23	HEREOF 2-1966	23c. NAME OF CEMET	ery or c	Penetery	10	LOCATION Kity or To	m	(County	Do	itote)
1	TA FUNERAL DIRECTO	or word War	474	8 Wis Consi	74	re. New 250: REC	D BY REGIS	5 1966	EGISTRAR'S S			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cochan papers. Pages 1 and should be filed with the State Dept. at Health prior to burial, crematian, or removal, and in any, event) within 72 hours after death VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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EXAMINER:

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Page olong with pe 0 prior should its designated ogent, moy be retained for your FUNERAL DIRECTOR: Poge Poge 5 moy be ro FUNERAL Health or i MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10427 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY Prince George's Maryland Prince George's MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly DOA Mt. Ranier d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Prince George's Hospital 3418 Rhode Island Avenue YES NO TO 3. NAME OF Middle 4. DATE Lost DECEASED William Elmer Schairer July (Type or print) DEATH 66 S SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Hours 10-9-23 WIDOWED DIVORCED white 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Sheet-metal Worker Metal U.S. Shop Wheeling, West. Va. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAMI Elmer W. Schairer. Marie Seamon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wheeling, West Virginia Address (Yes, no, or unknown) (If yes give wor or dotes of service) 14 5289 Bodey Funeral Home, 2101 Warwood Ave 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH BURNS - 25% of body IMMEDIATE CAUSE (o) . MUCKOC Inhalation of smoke Conditions, if ony, which gove minutes rise to immediate cause (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X 20o. EXTERNAL CAUSE WAS PRIMARY 20 or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Asleep in apartment where fire started. CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Home street, office bldg., etc.) Not While While While of work 7-2-66 19 Same as 2 ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X, Inquiry K. and in my opinion death resulted fram: Notural couses ... Suicide . Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 3 7-4-66 **EXAMINER'S** ARISVARA CON MOUNTY) John Kehoe, M.D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) 7,1966 Greenwood Cemetery, Wheeling, West Virginia
REGISTRAR | 25b. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

DATE

19166

Charles Judge

Washington, D.C.

2222 Wis.Ave.N.W.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by social and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
10428	CERTIFICATE OF DEATH	- 10421

1, PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Prince Georges MARYLAND	a. STATE Maryland Prince Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 3 days	Riverdale / 6 - /
d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince Georges Beneral Hospital	4909 Somerest Raod YES NO
3. NAME OF First MIddle DECEASED	Last 4. DATE Month Day Year
	lickenmaier DEATH July 17 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Male White WIDOWED ☐ DIVORCED ☐	13 Aug., 1895 70 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Retired BARBER	MARYLAND U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LOUIS SCHLICKENMAIER	ROSE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	C CADAU COULTCUENMATED 7000 0744 AUGMUIE
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	S. SARAH SCHLICKENMATER, 7020 97th AVENUE
PART I. DEATH WAS CAUSED BY:	Ea Agh
IMMEDIATE CAUSE (a)	9 24 2001
DUE TO P	E 1 Days
Conditions, If any, which gave rise to immediate (b)	LAPRYSEAA.
cause (a), stating the DUE TO	
underlying cause last. (c)	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATIONS AS A SCORE WAS UNDERLYING TO DESCRIBE HOW INJURY OCCUPANT OF THE PROPERTY OF THE PROPERTY OF THE PARTIES OF T	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5 VULKIAR D. FIBROSIS	YES NO C
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While Not while	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	1956, to 7-/7-, 1966 that (I) (we) last
	t death occurred at 45 Mg from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Selver V Olla M.	D. PHYS. DIRECTOR PHYS. 1/17/CC
22c. PHYSICIAN'S NAME (Typebra A Roth M.D.	22d. ADDRESS
52 V 11 110 U11 111 2 V	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' NEW CATHEDRA	
24. FUNERAL DIRECTOR ADDRESS HOWARD H. HUBBARD, 4107 WILKERS AVENUE, 2	
HOWARD II. HODDARD, TIO/ WILKING HVENOE, 2	DATE JUL 20 1900

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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eat eat			PLACE OF DEATH					2. USUAL RESIDENCE (Where dece	osed lived, if institu	ition: Residence l	pefore odmission)
o l			o. COUNTY	rince Ge	orge	MAR	RYLAND	o. STATE Mg	aryla	and b. cot	Prince	Gerrge
offee affee	83		b. CITY OR TOWN (f outside corporate limit	440	c. LENGTH OF STAY		c. CITY OR TOWN (If ou		rote limits, write RI	JRAL and give no	eorest town)
by the funeral Pages I and 2		0	heverly	give nearest town)		6 (days			rille	/	7.1
ha in ters. 2 ha			. NAME OF HOSPIT	AL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS				e. IS RESIDENCE
es that the death certificate be executed within 24 haurs after death sician. It is a strength of the content of the funeral set by the attending physician and campleter filled in by the funeral stransit permit. Then please remave/carban papers. Pages I and all crematian, or removal, and in any event, within 72 haurs after death	74			Gerrge	Genera	1 Hospi	tal	7701 02	man	Rd.		ON A FARM? YES NO
ed within platety till carban p	1		NAME OF DECEASED		rst	Middle	~	Lost	4. DATE OF	Mor		Doy Year
2 300			(Type or print)	Charles		W		aford	DEAT		24	1966
und mind we eve		S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲	B. DATE OF BIRTH		9. AGE (In years	Months Do	AR IF UNDER 24 HRS. Dys Hours Min.
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and and remin an	63	10o	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR Dustry		11. BIRTHPLACE (County	& Stote, or f	foreign country)		N OF WHAT
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ifico nysi nysi al,		13.	FATHER'S NAME	A SIUTES				14. MOTHER'S MAIDEN				
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e death certificate b attending physician permit. Then please an, or removal, ond i		1S.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes		SOCIAL SECURITY NO.		NFORMANT		Add		36.3
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that the d an. by the att transit per crematian,			18. CAUSE OF DE	ATH (Enter only one cou	se per line for,	(a), (b), and (g).)	- 11	7				INTERVAL BETWEEN
oth / th			PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Longestive	He	all failur	L			ONSET AND DEATH
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equires that the physician. signed by the burial-transit burial, cremat			Conditions, if ony,		(b)	Brouchop	neuch	ionia 0	date	ral		
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e law retending is been as the prior to		15	lost.)	(c)							
		z	PART II. OTHER SI			O DEATH BUT NOT RE	LATED TO	HE TERMINAL DISEASE COI	NDITION GIV	EN IN PART 1(o)		19. WAS AUTOPSY PERFORMED?
AN: The al or att icate ha far use Health p	2	ICATION	K	Scale	Co .	mel	eck	15			4.7	YES XX NO
IAN: ral or ficate far us Healt	0	CERTIFIC	200 ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY O	OCCURRED.	(Enter noture of injury in	Port I or Po	ort II of item 18.)		
			OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)								
PHYSIC ne haspi this certi etached Dept. a		MEDICAL	20c. TIME OF INJU	RY Month, Doy, Yeor		JURY OCCURRED		E OF INJURY (Home, form		(City or town)	(County	(Stote)
te de te	3	ME	Hour o.n	10	While of work	Not While of work	foct	ory, street, office bldg., etc.)			
by the After the be de State	-			y that (I) (this hos		ded the deseased	from	ully 15.	196 Y.	to jur:	29,19 6	That (I) (we) lost
OR ATTENI be retained SIRECTOR: / e 3 shauld ed with the		H			7-2	1966	and tha	t death occurred at	7:50	A from couses	and an the	date stated obove.
retaine retaine ECTOR: 3 shaul with th			22o. SIGNATURE	(0)	16	1)		ATTENDING	MED.	22472	22b. DATE	SIGNED
be retained DIRECTOR: ge 3 shauld	i.,			am o		burle	8 M.I	7	DIRECTOR	STAFF PHYS.] / -	25-66
TO HOSPITAL OF Page 4 moy be TO FUNERAL DIR director, page shauld be filed	1		22c. PHYSICIAN'S NAME (Type)	Don B. Ca	meron	M.D.		3503 Per	nv St	M+ R	inier	Md
SPI 4 m 4 ER												
HO HO		230	. BURIAL, CREMATIC REMOVAL (Specify)			23c. NAME OF CEM			23d. L	OCATION (City or To	Virgin	unty) (Stote)
5 5 5 p			REMOVAL (Specify		27, 19		ax M	emorial				
VR A15 (4)	K	24	FUNERAL DIRECTO	sch's Son	e Hyat	ADDRESS	MA		BY REGIST		EGISTRAR'S SIGN	
20 M 1/66	111		- • WC	iscar is one	3 Hyat	coarrie,	rid.	DATE	1 2.7	1966	Marle	Judge.

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, along with form PM3. Page 5 may be retained for your files. permit. File peges 1 and 2 with the State Department removal, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit of Health or its designated agent, prior to burial, cremation, or

> VR A15ME 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10430 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1()423

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY PRINCE GEORGE'S MARYLAND	e. STATE b. COUNTY MARYLAND PRINCE GEORGE'S
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ANDREWS AIR FORCE BASE 1 HOUR	MARLOW HEIGHTS /6-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?
USAF HOSPITAL ANDREWS	2704 ST CLAIR DRIVE YES NO X
3. NAME OF First Middle DECEASED PAUL WILSON SELLERS	Last 4. DATE Month Day Year DF DEATH JULY 7 1966
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7. WARRIED Y HEVER WARRIED	last birthday) Months Days Hours Min.
	5 APRII, 1910 56 yrs. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	COUNTRY?
AIRMAN US AIR FORCE	EQUALITY ALABAMA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILSON A SELLERS	ORA BRYANT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
YES OCT 1942-PRESENT 418-10-1718 I	JUCY A SELIERS-WIFE-SAME AS # 2 ABOVE
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) CRUSHING INJURY CE	SKULL
9/00 DUE TO	
Conditions, if any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION CONTRI	FERFORWIED:
CAT	YES NO
20a. EXTERNAL CAUSE WAS PRIMARYOL OF CONTRIBUTING CAUSE OF DEATH.	URRED. (Enter neture of injury in Part I or Part II of Item 18.)
CAUSE OF DEATH. WORKING LINDER CAR	WHEN CAR FELL OFF JACK
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While	pry, street, office bldg., etc.)
	E WAY OF HOME! SAME AS #2 Id an Autopsy , Inspection XX, Inquiry , and in my opinion
21. I certify that I took charge of the remains described above, he	
death resulted from: Natural causes Accident X, Su	icide, Homicide, Undetermined manner
ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE CATON	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S	DEPUTY MEDICAL EXAMINER TO SEE THE TO SEE
NAME (Type) JOHN/KEHOE, MD6300 RIVERDALE RD, W	ASH Address (Street, city, town, or county) 7 JULY 1966
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS ADDRESS	5788 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W. Chambers Co Jae WASA. D	3/32
Vo VV. Ciriman Constitution (Vogsinia)	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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to:	and			ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
ō	uneral 1 and er dest			COUNTY France Learnes MARYLAND O. STATE Md. b. COUNTY france, Langue
fter	e fu			CITY OR TOWN (If outside carparate limits,
S O	by the fact. Pages haves afte			write RURAL and give nearest town)
00	by au			Hanham Open bill
4	E - 2		2	NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREE ADDRESS e. IS RESIDENCE ON A FARM?
within 24 haurs after	filled in papers. hin 72 h	90	4	nagnalia Gardens Nursing Home 5431 Trivingston Rd. YES 1 NO 1
÷ ;	ely fi ban 1 with			AME OF Last 4. DATE - Month Doy Year
3	rbo v,			(CEASED / Florence M Shaw DEATH July 2 1966
ted .	E S		S. :	X 6. OLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (Indeeds / IF UNDER 1 YEAR IF UNDER 24 HRS.
executed	6 8 9			Duyanga Di Julyanga Di Julyanga Di Julyanga Days Hours Min.
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pe	e r din			a most of working life, even if retired). / INDUSTRY
ate	sician please I, and i			Ochoal Teacher South Dapora 4,8, 1
fic	ol, p		13.	14. MOTHER'S NAME
certificate	ing phy Then emava			sept franklin Myers Minnie Belle Downami
£ :	attending permit. The an, or rema		15	VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6 5-41 13 agrees
death	attend permit. an, or r		(Ye	na, ar unknawn) (If yes give war ar dates af service)
the	ath per an			18. CAUSE OF DEATH (Enter anly one cause per line for (a) _w (b), and (c).)
±	the sit			PART I. DEATH WAS CAUSED BY:
tha	by the ransit remat			4 4 3 X IMMEDIATE CAUSE (a)
es	al, c			Conditions, if any, which gave) (b) Othial Twillation
hy	sign buri buri			ise to immediate cause (a)
g p	n s e b			tating the underlying cause DUE TO the pertangue Caschovasular areas
aw				ust. (c)
e l	as the		z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
는 D	e ho	1	CERTIFICATION	(2) Cerebral herromoge - (h) halmiplegia PERFORMED?
N =	or ded	0	FIC	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
Diff.	ed f		CERT	DR CONTRIBUTING CAUSE OF DEATH
IYS has	ehe che			F EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
- a	this eta De		MEDICAL	Haur o.m. While Nat While foctory, street, office bldg., etc.)
NG X	e d ate		2	p.m. 19 at work 🗀 at wark 🗀
9	Aft d b			21. I certify that (I) (this haspital) attended the deceased from 5-30-1966, to 1-2-, 1966 that (I) (we) la
TEN	# 5 E		36	saw the deceased alive an 1-1-1966, and that death accurred at 3.55 PM, fram causes and an the date stated above
AT	P & E			22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED
OR Pe	DIRE 3e 3 led w			
		1		22c. PHYSICIAN'S NAME (Type) OLIVER - B. BOND MY 6772 RIVERDALE ROAD JANHAM
E OE	be be	-	6	NAME(Type) OLIVER - B. BOND MY 6872 KIVERDALE ROAD CANHAM
05	o FUNERAL directar, pa shauld be fi		230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, or Town) (County) (State)
O HO	director shaulo		10	REMOVALISPECIFY) 7-5=1966 Mc los Holes Plans
5 9	2	2	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	R A15 (4)	K.	1	1017 M. 121-11-1 7 8 3 1) P 111 - 1000 Min 10 Outer
2	0 M 1/66	MAG	1//	DATE JUL 5 1966 Kulanda Super

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN
10432 CERTIFICATE OF DEATH

	a. COUNTY Prince Georges MARYLAND	a. STATE Maryland b. COUNTY ince	e Georges						
5	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) Cheverly 16 hrs	c. CITY OR TOWN (If outside corporate limits, write RURAL Suitland							
74-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince Georges General Hospital	d. STREET ADDRESS 3508 Silver Park Dr	e. IS RESIDENCE ON A FARM?						
	3. NAME DF DECEASED (Type or print) Baby Boy	Last 4. DATE Month DF DF DEATH Z July	Day Year 4 1966						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IFUNDER1 last birthday) Months yrs.	Days Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT UNTRY? SA						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Harvey Eugene Peterson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	Carolyn Brenda Simms INFDRMANT Address							
		lother as above							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) Drugatuult	OthleTaris Ty	INTERVAL BETWEEN ONSET AND DEATH						
9	gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELICIONAL CONCENTRIBUTING TO DEATH BUT NOT RELICIONAL CONCENTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES NO						
8		URRED. (Enter nature of Injury in Part I or Part II of Item 18.) AGE OF INJURY (Home, farm, 20f. (City or town) (Court							
	p.m. 19 at work at work	Hour a.m. While Not While at work at work							
	21. I certify that the (this hospital) attended the deceased from saw the deceased alive on 19 66, and tha 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Bertha E. Van Gelderen, M.D.	at death occurred at 12,45,45,45 m the causes and on the	ATE SIGNED						
0		e's Gen. Hosp. Cheverly, Man							
88	Harry W. Penn, Jr., Admin. Cheverly, Ma	25a. REC'D BY REGISTRAR 25b. REGISTRAR's aryland Date JUL 15 1966 gclos	lly Judge						
	6-225659		0 0						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page any delay is TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar to burial, crematian, ar removal, and in any event within 72 hours after death. This certificate should be executed within 24 hours after death. If TO DEPUTY MEDICAL EXAMINER: 5 may be retained for your files.

10433

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10426

)		PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Re: a. STATE b. COUNTY	
		Prince George's b. CITY OR TOWN (If outside carporate limits,	MARYLAND C. LENGTH DF STAY IN 1b	Maryland Princ c. CITY OR TOWN (If autside corparate limits, write RURAL and	e George's
		write RURAL and give nearest tawn) Cheverly	DOA	Forestville	16 1
		d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS	e. IS RESIDENCE
9		Prince George's Gener	al Hospital	7657 Walters Lane	ON A FARM? YES NO X
		NAME DF First DECEASED	Middle .	Last 4. DATE Manth	Day Year
		(Type or print) Margare		Simms OF DEATH 7	26 1966
1	-5.		WARRIED NEVER MARRIED	8. DATE OF BIRTH 5/1 4/10 9. AGE (In years light birthday) Mant	hs Doys Hours Min,
*		r CHICATO MILLOC	DIVORCED DIVORCED	DEEN AR SHOOT IN	CITIZEN OF WHAT
		I. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Housewile	10b. KIND OF BUSINESS OR INDUSTRY AT Home		2. CITIZEN OF WHAT COUNTRY?
		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		William Rye		Jennie Gross	
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? es, na or unknown) (If yes give war or dates af servi	lico)	NFORMANT Address	
				hn W. Simms, 1609 21st F	
		 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 			ONSET AND DEATH
		IMMEDIATE CAUSE (a)	Metastatic Carcin	oma	over z yrs.
		Conditions, if any, which gave) (b)	Carcinoma of colo	n	over 2 yrs.
		rise to immediate cause (a), Stoting the underlying couse			
		last. (c)			
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20g. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Home, farm, ary, street, office bldg., etc.)	(Caunty) (State)
		21. I certify that I took charge of		ld on Autopsy , Inspection X, Inquiry 2	ond in my opinion
		deoth resulted from: Notural/cou	uses 🔼 , Accident 🗌 , Suic	ide, Homicide, Undetermined monner	
		ACTUAL Asha	Kal-1	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
		SIGNATURE	112777	M.D. ASSISTANT MEDICAL EXAMINER	***XXXXX
)		EXAMINER'S NAME (Type) John Kehoe M.D.	Piwardala Mamul	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	7-26-66
	23a	BURIAL, CREMATION, 23b. DATE THEREOF			(County) (State)
		Burial July 29,	1966 Cedar Hill	Cemetery Suitland, Ma	,
N	24	CHNEDAL DIDECTOR	223QQQA	AC- DECID BY DECISTRAD ACL DECISTRAL	R'S SIGNATURE
)		W. W. CHAMBERS CO	O. INC. Washingt	on, D. Sate 1111 28 1966 400	arles judges

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0434 CERTIFICATE DEATH OF

	- 1
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George's General Hospital 3. NAME OF OCCEASEO (Type or print) Baby Boy Boy Boy Boy Boy Boy Boy B	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George's General Hospital 7708 Emerson Road YES NAME OF OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF OFFICE OF	own)
Prince George's General Hospital 7708 Emerson Road NAME OF	1010 -
Prince George's General Hospital 7708 Emerson Road YES No. 3. NAME OF OECEASEO (Type or print) Baby Boy (B) Sisson 4. DATE OF BIRTH July 6 1966 5. SEX Male White WIOOWED DIVORCED July 6, 1966 July 6, 1966 July 6, 1966 July 6 1966 July	M?
OEGEASEO (Type or print) Baby Boy (B) Sisson OF DEATH July 6 1966 5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED NEVER MARRIED JUVORCED July 6, 1966 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 In years In years If UNDER 2 In years In years	
(Type or print) Baby Boy (B) Sisson DEATH July 6 1966 5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED X 8. DATE OF BIRTH Male White WIOOWED DIVORCED July 6, 1966 9. AGE (In years FUNDER 1 YEAR FUNDER 2 Hours Year Funder 3 Hours Year Yea	
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Hours White WIOOWED DIVORCED July 6, 1966 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Hours Year Year	
Male White WIOOWED DIVORCED July 6, 1966 as birdiday) Months Days Hours 2	HRS.
	Min.
10a. USUAL OCCUPATION (Give kind of workdone 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT	11
during most of working life, even if retired) none INOUSTRY Prince George's, Maryland USA	
13. FATHER'S NAME	
Rodney Cornelius Sisson Barbara June Neilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unkown) ((If yes give war or dates of service) Mother as above	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
PART I. DEATH WAS CAUSED BY: Rilatival Calificaris ONSET AND DE	H
IMINIEURIE GAUSE (a)	_
7625 DUE TO Changles To	
Conditions, If any, which (b) (The Conditions, If any, which (b)	
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PERFORM	
S YES IN NO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMS YES NO 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State of Injury a management of the control of the c	ie)
Zoc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, least office bldg., etc.) 4 4 4 4 4 4 4 4 4	
7 3 6 66 7 3 6 66	Look
	iast
saw the deceased alive on July 6, 19 66, and that death occurred a8:45 M, from the causes and on the date stated a	ove.
22a. SIGNATURE DIM 22b. DATE SIGNED	
M.D. PHYS. DIRECTOR DIPHYS. DIPHYS.	
22c. PHYSICIAN'S	
NAME (Typh) Andrew G. Aropyry, M.D. 6803 Good Luck Road, Lanham, Md.	
23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State	J
Cremation 7/16/66 Prince George's General Hospital, Cheverly, Maryland	
24. FUNERAL DIRECTOR AGORESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	3
Harry W. Penny, Jr., Admin., Speverly, Maryland DATE JUL 20 1966 foliables Judge	1
6-1225776 11	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	George's		MARYLA	ND	2. USUAL RESIDEN a. STATE Maryla		b. COUNT	TY _	dence before a	
b. CITY OR TO Write RUR Cheverl	DWN (if outside corp AL and give nearest V	orate limits, town)	c. LENGTH OF STAY I		c. CITY OR TOWN (I		porate limits, wri	te RURAL an	d give neare	est town)
	3	JTION (if not in h	ospital, give street add	ress)	d. STREET ADDRESS				e. IS RE	SIDENCE
Prince	George's G	eneral H	ospital		7708 E		Road		YES	
3. NAME OF DECEASED (Type or prin	t)	First Baby	Middle Boy (A))	Last Sisson	4. DATE OF DEATH	Month July	6	,	66
5. SEX	6. COLOR OR RA	CE 7. MARRIED	NEVER MARRIED	K 1 8	. DATE OF BIRTH	19.	AGE (In years	F UNDER 1 Y	EAR IF UND	R 24 HRS.
Male	white	WIDOWED			July 6, 19	66	last birthday) yrs.	Months Da	ays Hours	Min.
none			KIND OF BUSINESS OR NOUSTRY		Prince Ge	orge's	or foreign country)	COU	ZEN OF WHA NTRY?	ı
13. FATHER'S N					14. MOTHER'S MAI					
	Cornelius				Barb ara	June Ne				
15. WAS DECEASI (Yes, no, or unkown	ED EVER IN U.S. ARMEI (If yes give war or da	D FORCES? 16. tes of service)	SOCIAL SECURITY NO.		informant		Addres as a			
	DE DEATH (Enter only	V One cause ner l	line for (a), (b), and (c).		CHET.		as a		INTERVAL B	FTWFFN
Conditions, gave rise cause (a), underlying c	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)									UTOPSY
ICATI										RMED?
	NT WAS UNDERLYING UTING ☐ CAUSE OF I NOTIFY MEDICAL EXA	DEATH AMINER)	DESCRIBE HOW INJURY	r occu	RRED. (Enter nature o	of Injury In Pa	art I or Part II of	Item 18.)		
WEDICAL Hour		ay, Year 20d. While 19 at wor	Not While	e. PLAC factor	CE OF INJURY (Home, 1 y, street, office bldg.,	arm, 20f. etc.)	(City or town)	(Count	у)	(State)
21. I cel saw the 22a. SIGNA	deceased alive on.	July 6	led the deceased fro	d that	death occurred at.	8:45M, fr pm MED. OIRECTOR [STAFF PHYS.	and on the	E SIGNED	(we) last d above.
23a. BURIAL CF REMOVAL Cremati 24. FUNEAL D Harry W	Specify) 9/16 IRECTOR	(1)	23c. NAME OF CEM Prince Geor ADDRESS	rge 1	s General H	lospita	STRAR 25b. RE	cly,	Maryl	

VR AI5 (4) 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove darbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	_			-							-	
	1.	PLACE OF OEAT a. COUNTY	H Princ	e geo	iges Counti	0	2. USUAL RESIDE		eased lived, If inst		idence be	fore admission)
		b. CITY OR TOW	/N (if outside c	orporate limits		YLAND Y IN 1b	c. CITY OR TOWN	(If outside cor	CONTRACTOR OF THE PARTY OF THE	e RURAL a	nd give	nearest town
		write RURAL	and give near	est town)	3 ½ mon	rths				0	2 -	2
		d. NAME OF HO	SPITAL OR INST	ITUTION (if no	t in hospital, give street	address)	d. STREET AOORES					S RESIDENCE ON A FARM?
0			and nur	ising 1	lome Inc.		4450 U	vhiteho	ill Rd.		YES	F-1
H	3.	NAME OF DECEASED (Type or print)	3	Annie	Middle Jeanett	e	Skinner	4. OATE OF OEATH	July	2	Oay 3	Year 19 66
	5.	SEX	6. COLOR OR	RACE 7. MAR	RIEO NEVER MARRI	ED E	B. DATE OF BIRTH	9.	ACE (In years I last birthday)	FUNDER 1		The second secon
		Female	Whi		OWED DIVORCE	E0 🗌	Dec. 15	1874	91yrs.	viontns	ays I	fours Min.
	10a duri	Ing most of work	lingolife, even If	f work done 1 retired)	Ob. KINO OF BUSINESS O	R	11. BIRTHPLACE	(County & State,			IZEN OF INTRY?	WHAT & Com.
	13.	FATHER'S NAM	1E				14. MOTHER'S MA	AIDEN NAME				S. S.
	0	Thomas ?	Flower	5			angeli	ne ad	ams			
	15. (Ye	. WAS OECEASEO	EVER INU.S. ARI	MEOFORCES?	16. SOCIAL SECURITY N	0. 17.	INFORMANT		Address	3		bo al
						100	aughter 11	Gracele	In. San	dy: &	ndie	mhead
4					per line for (a), (b), and							AL BETWEEN ANO OEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure, acute												nour
		Conditions, If any, which gave rise to immediate (b) DUE TO Greenic Heart Disease 20 years										
	cause (a), stating the DUE TO Grteriosclerosis Generalized (c)										30	Years
	NOL	PART II. OTHER	SICNIFICANTCO		TRIBUTING TO OEATH BUT	NOTRELA	TEO TO THE TERMINA	L DISEASE CON	DITION CIVEN IN P	ART 1(a)		AS AUTOPSY ERFORMEO?Y.
0	FICA										YES	NO NO
	CERTIFICATION	20a. ACCIOENT OR CONTRIBUT (IF EITHER, NO	WAS UNCERLY ING CAUSE OF TIFY MEDICAL	INC 20 OF DEATH EXAMINER)	Ob. DESCRIBE HOW INJU	JRY OCCU	RRED. (Enter nature —	of injury in Pa	rt or Part of	Item 18.)		
	EDICAL	20c. TIME OF			od. INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, ry, street, office bldg.	, farm, 20f. (City or town)	(Coun	ty)	(State)
	MED	Hour a.i			While Not While at work	140101	y at cet on the stage	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
i			fy that (I) (this		tended the deceased	from Ma	death occurred at	1900 to_	July 23	., 1966	_, that	(I) (IV) last
		22a. SIGNATU	RE/1/ 0	#19	21 8.0			Мго		225. DAT	E SIGN	3.2966
		6	valo	w a	Melson	M.D	ATTENOING PHYS.	OIRECTOR _	STAFF PHYS.	Auro	y our	الممارين
		22c. PHYSICIA NAME (T		outt W.	Gibson, M:	N:	22d. AODRESS		kis, ma	200	goal	1
)	23a	BURIAL, CREN		OATE THEREOF	23c. NAME OF C	EMETERY	OR CREMATORY	/_ 23d. LO	CATION (City, to	vn or coun	ty)	(State)
0	-	Burla	6 100	cly 26		e no	y Babtis	tem.	Nar		104	Md.
C	24.	DONERAL DIRI	ECTOR 7	runera	Mone Ho	eldo	rento	REC'O BY REGIS	1 00	CISTRAR'S	SIGNAL	oke dige
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VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

LUZO (CERTIFICAT	E UF DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
Prince George's MARYLANO	Maryland Prince George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (IT outside corporate limits, write RURAL and give nearest town)
Cheverly 2 days	Hyattsville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AODRESS e. IS RESIDENCE
	ON A FARM?
Prince George's General Hospital	8013 Burnstife Road YES ND
3. NAME OF First Middle DECEASED (Type or print) Mattie	Last 4. DATE Month Day Year DF DEATH July 13 19 66
	8 OATE OF RIRTH 19 AGE (In years LEUNDER 1 YEAR HE INDER 24 HRS.
7. MARKIED ATTECH MARKIED	last birthday) Months Days Hours Min.
Female White WIDDWED OIVORCED	5/13/07 59 yrs.
10a. USUAL DCCUPATION (Give kind of work done 10b. KINO DF BUSINESS DR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	MI 14 B Mars M
Housewife HOHE	14. MDTHER'S MAIDEN NAME
2 11/ 12	2
WILLIAM SAGLONS	BERNIE DLACK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17.	INFORMANT Address
(Yes, no, or upkown) (If yes give war or dates of service)	FRRY O SMITH 8013 BYKHSIDE PL
	RENT FOREST 41)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND OEATH
PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	Y the ANNOIS
1561	
DUE TD (4
Conditions, If any, which gave rise to immediate (b)	ento oughnish
cause (a), stating the DUE TD	
underlying cause last. (c)	
	ATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY
PAT	PERFORMEO? YES NO X
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO SECOND TRIBUTING TO DEATH BUT NOT RELIED TO SECOND TRIBUTING CAUSE OF DEATH DR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	
☐ 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU	JRREO. (Enter nature of injury in Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLA factor 2De.	ory, street, office bldg., etc.)
p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	7/11 , 19 66 , tp 7/13 , 19 66 , that (I) (we) last
saw the deceased alive on a 7/13 19 66, and tha	t death occurred at :55 M, from the causes and on the date stated above.
22a. SIGNATURE	P M 1 22b DATE SIGNED
1 OND	D. ATTENDING MEO. DIRECTOR PHYS. 7-15-66
22c. PHYSICIAN'S M.I	1 22d ADDRESS /
NAME (Type) OHANNR SAHAKTAN	5813 Landover Rd chevery 10
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETER	Y OR CREMATORY 23d. LDCATION (City, town or county) (State)
REMOVAL (Specify)	D.
	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS AUGUSTO DOLLAR ADDRESS	C. MI) 19 1966 William Sugar
WW CHAMBERS OF KILENDING	DATE JUL 18 1900

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FOR STATE HEALTH DEPT.

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TO DEPUTY MENCAL EXAMINER: This certificate should be executed within 24 hours after death. If

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, along with farm PM3. Page TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 5 may be retoined for your files.

VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10438

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10431

a. COUNTY Prince	George's		MARYLAND	o. STATE		ceased lived, if institute b. COU		~		
	(If outside corporate limit:		c. LENGTH OF STAY IN 16	c CITY OR TOWN (If	outside con	porote limits, write RU				2
	nd give nearest town)		DOA	Brentwoo				16		
d NAME OF HOSPI	TAL OR INSTITUTION (If no	t in hasnital a		d. STREET ADDRESS	Ju				e IS RESID	FNCF
	George's G			3708 Per	rry S	treet			ON A FA	
3. NAME OF	fi		Middle	lost	1 4. DA1		th	Day	Yes	
(Type or print)	Reml	ant	T.	Smith	OF DEA	ATH .	7	28		
S. SEX Male	6. COLOR OF RACE	7. MARRIED	NEVER MARRIED X		DEA	9 AGE (In years	IF UNDE	RIYEAR		
white	male	WIDOWED	DIVORCED [10-3-14		Jast birthdoy)	Manths	Doys	Haurs	Min.
	N (Give kind af wark dane		ND OF BUSINESS OR	11. BIRTHPLACE (Stat	e or foreig		1 12 (ITIZEN OF	WHAT	
during mast af warking	g life even if retired)	IN	pustry tholic Univ			iii coomiy)	1 _5	OUNTRY?		
13. FATHER'S NAME	LL CC	Jua	OHOTE OHE	14. MOTHER'S MAIDEN			10			
Charle	s W. Smit	h		Jessi		lonk				
	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. INFORMANT	. 0 .	Addr	220			_
(Yes, na, ar unknown)	(If yes give wor or dotes of	f service)			D				1	
No				Wrs. Laurie			add.			
	DEATH (Enter only one cou ATH WAS CAUSED BY:				(5)	(ster)			RVAL BET	
1 4	IMMEDIATE CAUSE	(a) Hea	rt Failure					min	utes	
400	DOL									
Conditions, if and	te couse (a)		erioscleroti	c Heart Dise	ase			unk	nown	
stoting the und		10								
last.)	(c)								
PART II. OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO) NOITION	GIVEN IN PART 1(o)			WAS AUTO PERFORM	OPSY ED? NO X
200. EXTERNAL C PRIMARY I OF CO		20b. DE	SCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in	Part I ar	Part II af item 1B.)				
20c. TIME OF IN.	JURY Manth, Doy, Year .m. 19	20d. If While	Not While	PLACE OF INJURY (Hame, far foctory, street, office bldg., etc		f. (City ar tawn)	(C	aunty)	(State)
21. I certi	fy that I took charge	of the ren	noins described obove	, held on Autopsy	Inspe	ection X, Inq	uiry 🗓	ond	in my	opinio
			Accident .			Undetermined m			,	o pii ii o
dedili ieso	A	7	la Maria de la Maria	CHIEF MEDICA			ionner [_		
ACTUAL	1100	1	4. 600	M.D. ASSISTANT ME				2	2. DATE	SIGNED
SIGNATURE	7	1	per di	DEPUTY MEDI					7-2	9-66
EXAMINER'S NAME (Type) T	ohn tahoa M	D R	iverdale, Mar			wn, ar caunty)				
23a. BURIAL CREMATI	OX. 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY		LOCATION (City or To	wn)	(Caunty)	(S	tate)
REMOVAL (Specif	1/2/7/7	966	Fort Line	coln Cem.		olmar Man		, , , ,	,	
24. FUNERAL DIRECT	OR Nalley's		ADDRESS.	250 RFC	'D BY REG		GISTRAR'S			
Home In	Nalley's	Fune:	ral Marvia	ainier,	AUG	3 1966			Jug	Lee

16133 Proposition Commission of the Second Com Berlin of State of St Charles In the State of the Control of the State of the S

FOR STATE HEALTH

deloy is

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

5 moy be retained for your files.

VR A15ME (5) 6M 1/66

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page lages lond 2 with the State Deportment of in ony event within 72 hours ofter death. L Pun Heolth or its designated ogent, prior to burial, cremotion, or removol, TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit perm

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0433

MEDICAL EXAMINER'S CERTIFICATE

432

		PLACE OF DEATH						ZIDENCE (A	Where deceosed livi			e before odmiss	sion)
	1	o. COUNTY	rince Geor	gale	MARYLA	ND	o. STATE	rvlan	d	b. COUNTY		orgels	
		h. CITY OR TOWN (If outsi	de cornorote limits	80.3	c. LENGTH OF STAY IN				tside corporote lim	its, write RURAL	ond give	neorest town)	
		write RURAL and give	nearest tawn)		DOA					,	10	/ /	
		Cheverly d. NAME OF HOSPITAL OR	INSTITUTION /If not in	hospital a			d. STREET AD	l Hil	.15			e. IS RES	IDENCE
00	l '				1							ON A	FARM?
17		Prince Geo:		1 Hos				Sout	hern Ave			YES	NO X
		NAME OF DECEASED	First		Middle		Lost		4. DATE OF	Month		Doy Y	ear
		(Type or print)	Rodney		Doran	Smit	h		DEATH	7		7/4 19	
	5.	SEX 6. CC	OLOR OR RACE 7.	MARRIED	NEVER MARRIED	Gt 8	B. DATE OF BIR	TH	9. AGE		F UNDER 1	YEAR IF UND Days Hours	ER 24 HRS.
	1	Male Ne	egro	VIDOWED	DIVORCED	0 2	3 Feb.	1964			TOTALIS	DOA2 LIONIZ	MIG.
	10o.	. USUAL OCCUPATION (Give	kind of wark done		ND OF BUSINESS OR				or foreign country)		12. CITI	ZEN OF WHAT	
	duri	ing most of working life, eve	None	IN	DUSTRY		Was	hing	ton, D.	C.	(00	VEN OF WHAT	. A .
	13.	FATHER'S NAME	NOTIC				14. MOTHER'S						
		None of a Toy	Hordeine				Dann	0011V	Hawkir				
	15.	Norris W. WAS DECEASED EVER IN U.S.	S. ARMED FORCES?	T 16.	SOCIAL SECURITY NO.	17. [NFORMANT	eaux	. Herany TI	Address			
	(Ye	s. no. or unknown) (If yes	give wor or dotes of ser	vice)				TaT H	awkins		Son	ther	Ave.
	_	No			None	TAC	11179	AA • 11	AWKIIIS	7107	504		
		18. CAUSE OF DEATH (E	CALISED BY-									ONSET AND	
			IMMEDIATE CAUSE (o) _	Acu	te gasteroe	nter	ites_	$_(SD$	II)			24 hrs	
		5711	DUE TO										
		Conditions, if ony, which rise to immediate cous	2(0)										
		stoting the underlying											
		lost.	(c)_										
	z	PART II. OTHER SIGNIFICA	ANT CONDITIONS CONTR	IBUTING T	O DEATH BUT NOT RELAT	ED TO T	HE TERMINAL D	ISEASE CON	IDITION GIVEN IN F	ART I(o)		19. WAS AU PERFOR	TOPSY
2	4710											YES X	NO
	CERTIFICATION	20o. EXTERNAL CAUSE WA		20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (Enter noture of	injury in F	Port I or Part II of	item 18.)			
	CERI	PRIMARY () or CONTRIBU CAUSE OF DEATH.	TING							,			
	R	20c. TIME OF INJURY M	onth Dov. Year	20d. IN	JURY OCCURRED 2	Oe. PLAC	E OF INJURY (H	lome, form	Zof. (City	or town)	(Cour	ntv)	(Stote)
	MEDICAL	Hour o.m.	19	While	Not While		ory, street, office			′		,,	(
		p.m.		at work		. 1.1	1			7 1		1.1	
					nains described aba			_	Inspection X		(and in my	apinion
		death resulted fr	am: Natoral o	uses X	, Kccident ,	Suici		lamicide		rmined man	ner		
		ACTUAL	1		1. 1			F MEDICAL		1		22 DAT	E SIGNED
		SIGNATURE	my/		7	- 4	_ M.U.		ICAL EXAMINER L	J		22. DAI	L SIGNED
2		EXAMINER'S Tob	n Kehoe, M	D	Riverdale,	Ma			L EXAMINER			7-14-6	46
								ess (Street,	, city, town, or cou	.,			
	230	BURIAL, (REMATION, REMOVAL (Specify)	23b. DATE THEREO		23c. NAME OF CEMETE	RY OR (REMATORY		23d. LOCATIO	(City or Town)	(.,	(Stote)
		Burlad	7-18-6	66	Harmony	Ce				e Geor	ges		Ad.
No	24	FUNERAL DIRECTOR	1		ADDRESS			2So. REC'P	BY REGISTRAR	2Sb. REGIS	TRAR'S SIG	GNATURE	
1	My	utlik Galle	4339 I	<u>lunt</u>	Pl., N.E			DATE	AP TO	966 4	may	rles Ju	dge

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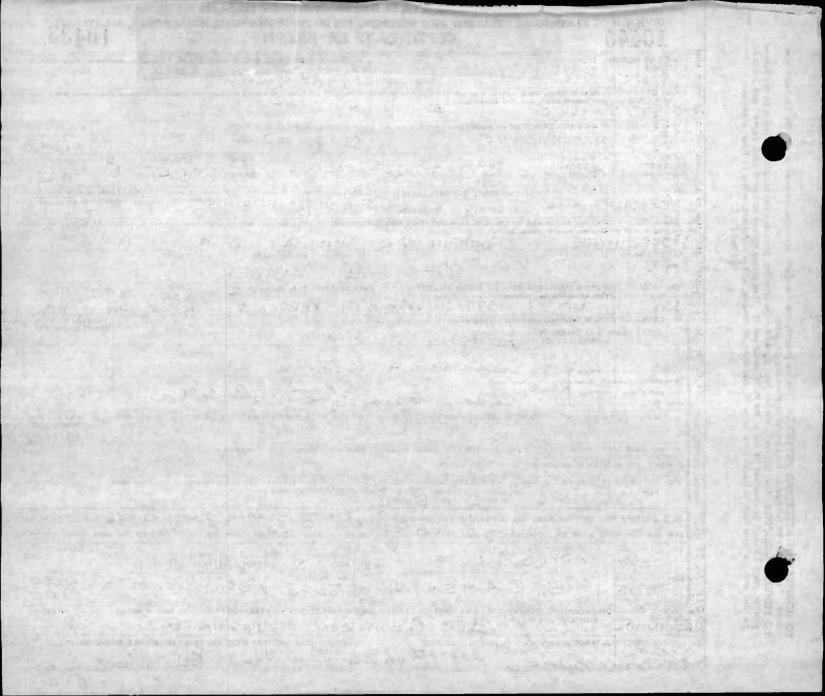
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VR A15 (4) 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10440 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. STATE b. COUNTY
PRINCE GEORGE'S MARYLAND	MARYLAND
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearast town)
HY Write RURAL and give nearest town 15	HYATTSUILLE 16.
d. NAME OF HOSPITAL OR INSTITUTION (if pol in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
3503 57th AVE.	3503 57 Th AVE ON A FARM?
3. NAME OF DECEASED ANNA JUSTINES	NELLING OF JULY 6 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	DATE OF BIRTH DATE OF BIRTH SAN 9 1876 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if refired)	
HOUSEWIFE HOMEMAKER	14. MOTHER'S MAIDEN NAME
AUGUST VOEHL	14. MOTHER'S MAIDEN NAME
	H: HEIDER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyesgive werordatesofservice)	3503 511 400
NO NO 1577-20-4890MRS	S. M. PARSONS - HYATTSULLE, MD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVÁL BĚTWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Longue	
DUE TO	
Crasas as a	atrois "
Conditions, if any, which gevarise to immadiete cause	
(e), stelling the underlying DUE TO	of the blodder 5 yes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
	YES NO
OR CONTRIBUTING CAUSE OF DEATH	b. (Enter neture of injury in Pert I or Pert II of item 18.)
Hour e.m. While Not While fect	(CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	Market Coll Dan College
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on 300 6 19 06 and that	death occurred at 5AM, from the causes and on the date stated above.
220. SIGNATURE 2	ATTENDING MED, STAFF SIGNED
I delon 13 Cameron "	.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS PERRY ST. MTRAINIER
NAM DIVEN B, CAMERON	3503 PERKY ST. MIN MID
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
REMOVAL (Specify)	MATORY WASHINGTON D.C.
24 FUNDERAL DIRECTOR'S SIGNATURE ADDRESS	/ W2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Sel Fumpel Hoyne 300-4th Il	206 Wash 1111 0 1000 and
Joseph Back	12. DE DATE OUL 8 1966 Palente
11 4	the state of the s



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	COUNTY DEAT					2. USUAL RESID	ENCE (Wh	ere deceased l	ived, If inst b. COUN		sidence be	fore admission)
- h	CITY OF TOW	ince George	S		YLAND	0177 00 7040	aryla				Geo	
D.	write RURAL	N (if outside corporat and give nearest tow	n)	c. LENGTH OF STA		c. CITY OR TOWN	(It outsid	e corporate	ilmits, wri		11 "	nearest town)
	owie			7- Months		Bowie					16	/
d.	. NAME OF HO	SPITAL OR INSTITUTIO	ON (if not in h	iospital, give street a	address)	d. STREET ADDRE	SS					S RESIDENCE ON A FARM?
		oydon Lane				4012- Or	oydon	Lane			YES	
DE	AME DF ECEASED		rst	Middle	12111	Last	4.	DATE	Month		Day	Year
	ype or print)	Elizabet		J.	Spec				ly 15		900	19 66
5. SE	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 0 8	. DATE OF BIRTH		9. AGE (In years I	FUNDER 1		UNDER 24 HRS.
	nale	White	WIDOWED	XX DIVORCE	ED N	lov. 27- 1	876	89	yrs.	MONTHS	Days 1	Tours Will.
10a. US	SUAL OCCUPAT	ION (Give kind of work	done 10b.	CIND OF BUSINESS OF		11. BIRTHPLACE		State, or fore	ign country)	12. CI	TIZEN OF UNTRY?	WHAT
	dousewi:		-	mestic		Maryla	nd			1	UNIKII	
	ATHER'S NAM			MOD VIO		14. MOTHER'S M	IAIDEN NA	ME			-	
1 3	John Oli	uhh				Catherin	mh.	- 2000				
15. W	AS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	0, 17,	INFORMANT	e In	orne	Address	S		
(Yes, n	no, or unkown)	(If yes give war or dates o	f service)				P 0.		/ NT.2	,	San	10
-	30					Frances	E. DI	nedite	(Nie	ce /	# 2	
18		DEATH [Enter only on	//	line for (a), (b), and (c).]	1	. 1.	1	-	-		AL BETWEEN AND DEATH
	PAKI I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) CO	roxar	u	Mron	000	seci			1011	COIATE
	420	/ DUE	TO A.		/	. 1			4		0	
	enditions, If	any, which	(b) (0)	Eonary	ar	derop	rale	2122	0		20	4/20
	ave rise to		TO	/	131133							7
	ause (a), si nderlying caus	tating the								15.01		
		GIGNIFICANT CONDITIO	(c)	UTING TO DEATH BUT I	NOTRELAT	TED TO THE TERMIN	AL DISEAS	ECONDITION	GIVEN IN P	PART 1(a)	119. W	AS AUTOPSY
AT											P	ERFORMED?
E -	Do ACCIDENT	WAS UNDEDLYING I	Lanh	DESCRIBE HOW IN BU	Inv cooli	ODED (F-to- notion	at labor	In Dank I an	Dood III of	No. 10)	YES	NO [
S (II	R CONTRIBUTI F EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEAT TIFY MEDICAL EXAMIN	TH NER)	DESCRIBE HOW INJU	JRY UCCUI	KKED. (Enter natur	a or injury	in Part I or	Part II of	item 18.)		
MEOICAL	Oc. TIME OF	INJURY Month, Day,	Year 20d. I	NJUNY OCCURRED	2De. PLAC	E OF INJURY (Home	, farm, 2	Df. (City or	town)	(Coun	ity)	(State)
0	Hour a.n		While		tactor	y, street, office bldg	g., etc.)					
2	p.r		at wor			wills ume.	2066	· bu	1.10	-061	6	(1) () 1 -1
		y that (I) (this hosp	10 //					, to	415	, 1900		(I) (we) last
1 7	saw the dec	77	elly	1966,	and that	death occurred a	1/7	M, from the	causes a	and on th		tated above.
22	Za. Sikivei Ui	The Hart	160	10		ATTENDING I	MED.	ST/	AFF	22b. DA	IE SIGNE	
-	Cel	1al m	1000	S	M.D.	PHTS.	DIKECI	OR PH		1-	1	00
22	2c. PHYSICIA NAME (T)	(pe) Clyde L	Bell,	Jr		12639-		Stream	n Driv	re , 1	Bowie	, Md.
	BURIAL, CREM		HEREOF	23c. NAME OF C	EMETERY			. LOCATION				(State)
	REMOVAL (Spe					1 Cemetery		ashing				
	Burial FUNERAL DIRE		₩1300	ADDRESS	er.	Wash BC	REC'D BY	REGISTRAR	25b. RE	GISTRAR'S	SIGNATI	JRE
	demm	200	1 U					0 100	0	71	A 0	
Sim	mons by	ros. Funera	1 поше	TOOT- 2000	а пор	e Ra DATE	JUL 1	0 136	0 10	Mary	Cen V	idge.

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		And Press		ol	Ако жол
	ostani	I ontradico		dda	John 01
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an, DC	nAdusk	35 50. nunt 32			lelique N

pleose execute the certificote, MEDICAL EXAMINER: the funeral director. TO DEPUTY 5 may be TO FUNERAL Health or i VR A15ME (5) 6M 1/66

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type)

23o. BURIAL, CREMATION

John

Kehoe, M.D.

23b. DATE THEREOF

REMOVAL (Specif 1966 Ft. Lincoln Cem. Prince Georges Co. Md. 2Sb. REGISTRAR'S SIGNATUR 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR liarles S. H. Hines Co. Washington, D. C. 1966

23c. NAME OF CEMETERY OR CREMATORY

Riverdale, Md.

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

Address (Street, city, town, or county)

23d. LOCATION (City or Town)

(Stote)

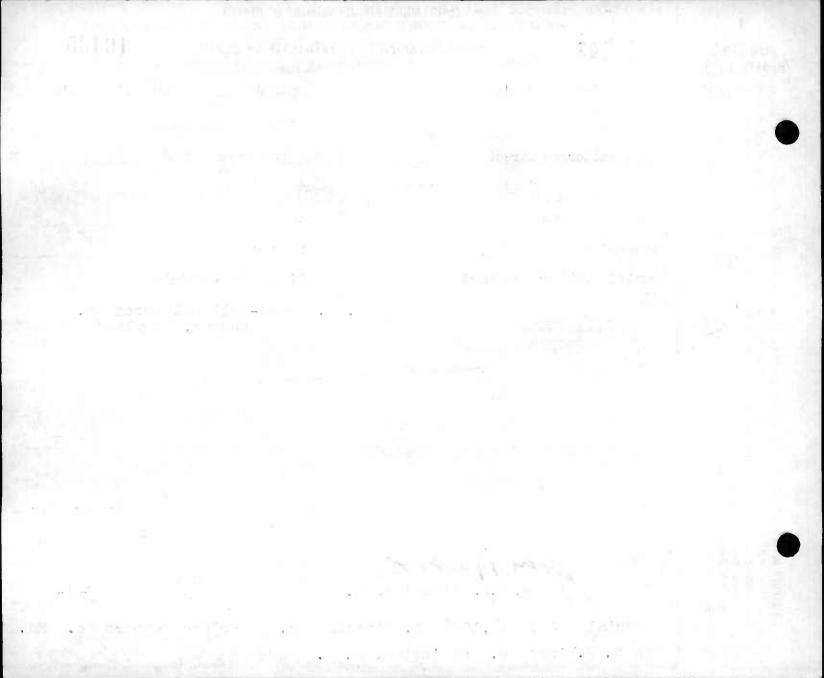
Md.

22. DATE SIGNED

(Stote)

7-11-66

(County)



1 M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10/43
CFRTIFICATE OF DEATH

	2023	(45)		021(11111		- U. P-111						
1.	PLACE OF DEATH a. COUNTY PRINCE			MARYLA	DAND	2. USUAL RESIDE a. STATE WEST V		deceased lived, If in b. COUI		esidence	before ac	imission)
	b. CITY OR TOW	N (if outside corporation and give nearest tow	te limits,	c. LENGTH OF STAY I				corporate limits, wi	rite RURAL	and giv	o neares	t town)
		IS AIR FORCE		33 DAYS		BERKE	LEY SP	RINGS		85	- 3	
				ospital, give street add	dress)	d. STREET ADDRES			17		ON A F	FARM?
_		OSPITAL ANI								-		NO 🗌
3.	NAME OF DECEASED (Type or print)	GEOR	9 -9	Middle RIEGLER		Last EINKAMP	4. DAT	ATH JUL	Y	31	Yea 196	6
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X 8	DATE OF BIRTH		 AGE (In years last birthday) 	IF UNDER	1 YEAR	Hours	R 24 HRS.
	MALE	CAU	WIDOWED	DIVORCED		13 MARCH	1310	50 yrs.	Mondia	Days	Hours	141111.
10a dur M	.USUAL OCCUPATING most of work	ION (Give kind of work lng life, even if retire) - USAF I	done 10b. K d) I Ret	IND OF BUSINESS OR NDUSTRY		ARKANS		ate, or foreign country	CC	U.S.	OF WHAT	
13.	FATHER'S NAM	E			Î	14. MOTHER'S MA	AIDEN NAME					
	WILLIAM	F. STE	INKAMP			SOPHIE :	LOUISE	RIEGLER				
	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Addre	Poppy	Lar	ne.	-
		1941-46: 19		432-16-425	5Mis	ss (Dr.) R	uth C.	Steinkam	D Be	rkel	ev.C	2
=				line for (a), (b), and (c).	4		ster)		r Do.	INTE	RVAL BE	TWEEN
	PART I. DEATH WAS CAUSED BY:								ONS	mon t	DEATH	
	1909 DUE TO											
	Conditions, If											
	gave rise to	Immediate ((b)						700			
	cause (a), si underlying caus	tating the	(c)		-							
NO				UTING TO DEATH BUT NO	TRELA	TED TO THE TERMINA	L DISEASE C	ONDITION GIVEN IN	PART 1(a)	19.	WAS AU	TOPSY
CAT			NON	E						YE		NO T
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ING COLOR CALL CALLS	TH	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature	of injury in	Part I or Part II	of Item 18	.)		
MEDICAL	20c. TIME OF Hour a.r	INJURY Month, Day,	Year 20d. I	NJURY OCCURRED 20		CE OF INJURY (Home ry, street, office bldg		. (City or town)	(Cou	inty)	(\$	State)
	21. I certif	y that (I) (this hos	pital) attend	led the deceased fro	m_28	8 June .	19 66	to 31 July	196	6, th	at (I) #	MA last
	21. I certify that (I) (this hospital) attended the deceased from 28 June , 19 66 to 31 July , 19 66, that (I) we last saw the deceased alive on 30 July 1966, and that death occurred a 2605 M, from the causes and on the date stated above.											
	22a. SIGNATU		7	01					22b. D	ATE SI	GNED	
	M	Arles L) The	lpe	M.D.		MED. DIRECTOR	STAFF PHYS.	31	Ju	1 196	56
	22c. PHYSICIA NAME (T		D. PHE	ILPS		914 PAL	MER RD	., OXON H	ILL, I	MARY	LAND	
23a			THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATION (City, t	own or co	un ty)	(\$1	tate)
-	REMOVAL (Spi	/ - 18/7/6	56	Rose Law	n		Li	ttle Ro	ck, A	rks	ansa	3
24	FUNERAL DIRE	TOTOR		ADDRESS		25a.	REC'D BY RE	GISTRAR 25b. F	EGISTRAR	'S SIGN	ATURE	

1966

DATE AUG

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

VR A15 (4) 20M 1/65 S.H. Hines

Co

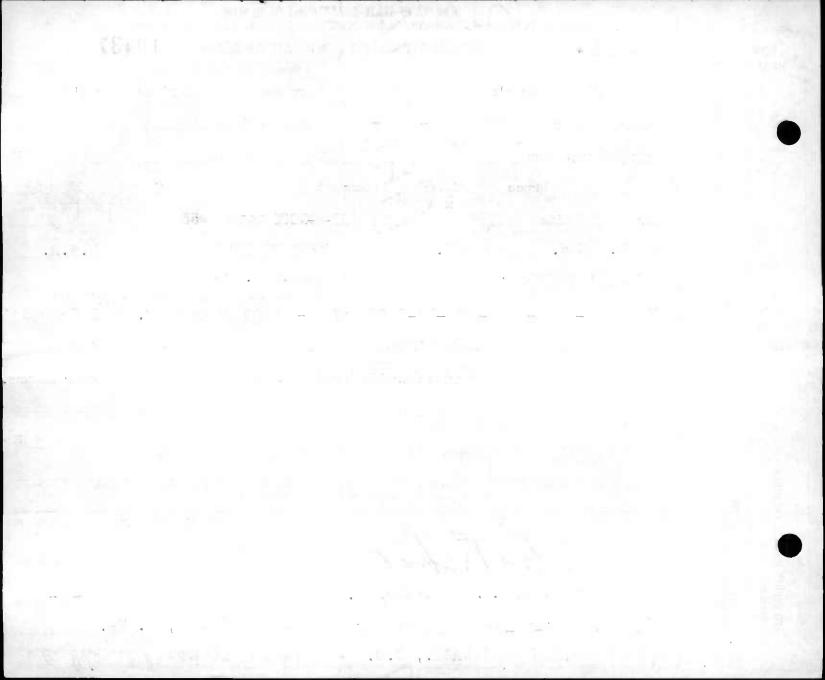
Washington, D. C.

SINT TOWN OF A STATE OF THE STA .et., terzez engrese (cere - engles en la partir de la partir de la partir de la partir de la partir de la partir della partir della partir de la partir de la partir de la partir della pa Literans Laborator, whitesaid and the comments of an extension on a state of the country of the cou 1/ THE RESERVE OF THE PARTY OF THE Bennyalas , sign .2 .4 . reductions of supply D. C.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VIII I	10444 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10437 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	o. COUNTY b. COUNTY
-	Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)
	write KURAL and give nearest fown)
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) _ d. STREET ADDRESS
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Prince Georges County Hospital 5409 Sharon Road e. IS RESIDENCE ON A FARM? YES \(\sqrt{N}\) No \(\sqrt{S}\)
3	NAME OF First Middle Lost 4 DATE Month Doy Year DECEASED OF
	(Type or print) Bruce Millon Stennett DEATH 7 12 19 66
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.
	Male White WIDOWED DIVORCED 11-8XXXX 1910 55 yrs.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	rion nos country West VIRGINIA COUNTRY? S.A.
1	FATHER'S NAME
	CHARLES STENNETT BESSIE HUTCHINSON
1	(es_no_orunknown) [(if yes give wor or dotes of service)] 16. SOCIAL SECURITY NO. 17. INFORMANTBarbara Stennetaties MARYLAND
T,	es no grunknown) [Iff yes give wor or dotes of service] as 300 m Barbara Stennettes MARYLAND wife - 5409 SHARON RD. CAMP SRINGS
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure ONSET AND DEATH minutes
	4 2 0 0 DUE TO
	(conditions, if ony, which gove rise to immediate course (o), (b) Arteriosclerotic heart disease over 10 yrs
	stoting the underlying couse DUL 10
	lost. (c)
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
ICATI	YES NO 🔀
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	CAUSE OF DEATH.
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of
2	
	21. I certify that I taok charge of the remains described above, held on Autopsy 🔲, Inspection 🔀, Inquiry 🛣, and in my apinian
	death resulted from: Natural couses 3, Accident , Suicide , Homicide , Undetermined monner
	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
ı	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. Address (Street, city, town, or county) 7-13-66
-	
12	REMOVALISHORITA
-	REMOVA 7-13-66 FOREST HILL CEMETERY HINTON, W. VA. 4. FUNERAL DIRECTOR ADDRESS 1250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
	JOSEPH GAWLERS SONS WASH. D.C. DATE JUL 18 1966 Killianles Junge



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE, OF, DEATH

1144	T.L C	CERTIFICAL	E UF DEATE		1117	100	
1 PLACE DE DEAT	rince George) 111m 03 79 -	2. USUAL RESIDENT	E (Where deceased live		Residence before a	
	21100 000160	MARYLAND					
write BURAL Chev	WN (if outside corporate limits, L and give nearest town) Perly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate ill : Heights	nits, write RURA	L and give neare	st town)
	OSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS			e. IS RE	SIDENCE
	nce George General	operal, give on our addition,	6201 Roll	ins Ave.		ON A	FARM?
3. NAME DF DECEASED (Type or print)	First Talmadage	Middle	Last ullivan	4. DATE DF DEATH	Month July	Day Ye	ar 66
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		years IF UNDE		
Male	white WIDOWED		Oct 5, 1	Old last bir	yrs. Months	Days Hours	
during most of work		NDUSTRY		ounty & State, or foreign	C	CITIZEN OF WHA	T
13. FATHER'S NAT		ilding	Virgin			JSA	
			14. MOTHER'S MAID				
?	Sullivan		Unknow	n			
15. WAS DECEASED (Yes, no, or unkown)	(If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	Allen Sull	ivan For	Address restvill	e. Md.	1 (1)
							TATEFAL
	DEATH [Enter only one cause per I EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO		stestine (k	acmoss	iage	ONSET AND	DEATH
Conditions, if		robably recr	went boo	Loine 1 L	lechi		
gave rise to cause (a), s underlying cau	immediate of the DUE TO						
79	SIGNIFICANT CONDITIONS CONTRIBI	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONDITION G	IVEN IN PART 1(a)) 19. WAS A PERFO	UTOPSY RMED? NO **
20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] 20b.	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of	injury in Part I or P	art II of Item 1	8.)	
Hour a.		Not While facto	ACE OF INJURY (Home, fa ory, street, office bldg., e	rm, 20f. (City or t	own) (Co	ounty) (State)
	ify that #0 (this hospital) attend acceased alive on July	19 66, and tha	ATTENDING	MED.PM STAF	eauses and on		
22c. PHYSICI NAME (T	AN'S Sahakyan	M.D.	22d. ADDRESS	over Rd.,		, Md.	
23a. BURIAL, CREI REMOVAL (SP	MATION, 23b. DATE THEREOF DECITY) July 9, 1960	23c. NAME OF CEMETER	y OR CREMATORY n Cemetery	23d. LOCATION	(City, town or co		tate)
24. FUNERAL DIR		ADDRESS	25a. REC	D BY REGISTRAR	5b. REGISTRAF		
			DATE J	OF 1 1 13b	1	In Jus	1

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10440

103	46		CERTIFIC	ALE OF DEATH		E 4	17211	
1. PLACE OF DE			MARYLA	o. STATE	(Where deceased lived, if instit C .		before odmission)	
b. CITY OR TO	WN (If autside carparate limit	s. C.	LENGTH OF STAY IN 1	c. CITY OR TOWN (If o	utside corporote limits, write R	URAL ond give	nearest tawn)	
Glen Glen	n Dale (rural	.)	10 mts.	Washi	ngton	4	7 3	
d. NAME OF H	OSPITAL OR INSTITUTION (If no	ot in haspital, give	street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
Glen	n Dale Hospit	al		1332	Mapleview Pl.	, S.E.	YES NO	
3. NAME OF	Fi	rst	Middle	Lost		inth	Day Year	
Type or print	Delor	es	L.	Swann	OF DEATH Jul	у	18, 19 66	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [B. DATE OF BIRTH	9. AGE (In years last birthday)	Months 1	YEAR IF UNDER 24 H	
Female	Negro	WIDOWED [DIVORCED	8/5/1935	30 yrs.			
10a. USUAL OCCUP	ATION (Give kind af wark dane		OF BUSINESS OR	11. BIRTHPLACE (Caunt	y & State, or fareign country)	12. CITIZ	ZEN OF WHAT NTRY?	
R.C.A.	rking life, even if retired) Counter	INDUS	R.C.A.	Washin	gton, D.C.	COOL	USA	
13. FATHER'S NA	ME	4-1-E		14. MOTHER'S MAIDEN				
Ca1	vin Simms			Sadie	Smith			
IS. WAS DECEASE	D EVER IN U.S. ARMED FORCES?	16. 5001	AL SECURITY NO.	17. INFORMANT	Ade	dress		
no, or unkno	es, no, or unknown) (If yes give war ar dotes of service) no unknown Decedent							
Conditions, rise to imm stating the last.	f any, which gave ediote couse (a), underlying cause	(b) TO	FATH RUT NOT RELATE	D TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY	
NOIN	ick stokilleriki cokoliloks c	ON NO TO D	DOT NOT RECOTE	o to the tenning of the ten			PEREORMED?	
OR CONTRIB	IT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	205. DESCRI	BE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Part II af item 1B.)			
20c. TIME O	F INJURY Month, Day, Yeor ur o.m. p.m. 19	While of wark	Not While of work	le. PLACE OF INJURY (Hame, far foctory, street, office bldg., etc	.)	(Coun		
saw t	ne deceased alive an_	/ -	the deceased fro 8/19_66, and	am <u> </u>	19 <u>65</u> , ta <u>7/</u> t <u>12:50</u> M, TRU m cause	s and an the	e date stated ab	
22o. SIGNA	my	Wen		M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		TE SIGNED 7/18/66	
22c. PHYSI NAME		ss, M.D.		G	lenn Dale Hos lenn Dale, Ma	ryland		
23a. BURIAD CRE REMOVAL (S	pecify) 7/22		00 00	actor Va	23d. LOCATION (Pity or	/	County) (State)	
24. FONERAL DI		Aldre	ADDRESS 4379	2Sa. REC	D BY REGISTRAR 25b.	REGISTRAR'S SIG	GNATURE O	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar ta burial, crematian, ar removal, and in any eyear, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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FOR STATE HEALTH DEP

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File pages 1 and 2 with the State Department of Health ar its designated agent, prior ta burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit 5 may be retained for yaur files.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Foognier's Office along with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS,

10448

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
o. COUNTY Prince George ts MARYLAND	o. STATE b. COUNTY Maryland Prince George's
b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Cheverly 5 hrs.45 min	Camp Springs // -/
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS QUEZ A /- e. IS RESIDENCE
Prince George General Hospital	7709 MORKIS AVE ON A FARM? YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Doy Year
(Type or print) Lawrence Thomas Teac	her DEATH 7 14 19 66
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	4 Aug. 1953 12 Yrs.
10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
during mast at warking the, even it retired) [NDOSTK1	Washington, D.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jesse W. Teacher	Jeannette Sheil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address MARRIS ALLE
(Yes, no, ar unknawn) (If yes give war ar dates af service)	se W Teacher 7709 Marias Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound of	head (.38 caliber revolver) 7 hrs.
9/90 DUE TO	TOTAL
Conditions, if any, which gove) (b)	
rise to immediate couse (o),	
stoting the underlying cause (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
200. EXTERNAL CAUSE WAS PRIMARY INTO FOR OTHER DESCRIBE HOW INJURY OCCURRED. CAUSE OF DEATH	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INTERLY OCCURRED	(Enter nature of injury in Part or Part of item B.)
PRIMARY XX or CONTRIBUTING CAUSE OF DEATH	
	al discharge of a .38 caliber revolver. CE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
2:05pmp.m. 7-14 19 66 atwark of work & Bedr	oom of 7707 Marris Ave., Camp Springs, Md.
21. I certify that I took charge of the remains described above, he	eld on Autopsy , Inspection , Inquiry , ond in my opinion
deoth resulted from: Notatol couses , Accident X, Suid	ide, Homicide, Undetermined monner
ACTUAL ACTUAL	CHIEF MEDICAL EXAMINER
SIGNATURE COMMENT	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md.	DEPUTY MEDICAL EXAMINER Address (Street, city, tawn, or county)
230. BURJAL, CREMATION 238. DATE THEREOF 23c. NAME OF CEMETERY OR	(-1)-00
CARROVAL (Specify) Yuly 19 1968 / 15 fination	notilean Intention 3/2.
24. FUNERAL DIRECTOR ADDRESS	ALL 250 REGISTRAR 280. REGISTRARS SIGNATURE
La 1 4 2 2 4	1150 par IIII 20 1986 Milanles Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Here see remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION 0443

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10442

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY				
Prince George's MARYLAND	a. STATE Maryland Prince George				
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Cheverly 6/29/66 to	Landover Hills // /				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE				
Prince Geo. Gen. Hospital	4405 - 73d Ave. YES NO X				
3. NAME DF First Middle DECEASED	Last 4. OATE Month Oay Year				
(Type or print) Bernice M Th	nompson Death July 1 1966				
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8	B. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
Female White WIDOWED DIVORCEO	7/28/1883 Sast birthday) Months Days Hours Min.				
1Da. USUAL OCCUPATION (Give kind of workdone 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT				
during most of working life, even if retired) INDUSTRY Bookkeeper -	Manchester, N.H. COUNTRY? U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Oliver Elliott	Achsah Eaton				
	INFORMANT Address				
(Yes, no, or unkown) \((If yes give war or dates of service)					
	s. Joseph Gaskill (above address)				
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	(Daughter) , INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: [Prebra]	4rtenio-sclerosis lyn-				
443X OUE TD					
Conditions, If any, which (b) HYPERTEHSIVE	Arterio-Scherotic 14 yrs				
	Heart Disease				
underlying cause last. (c)	Meart History				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
CAT	YES NO N				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO SEATH BUT NOT REL	RRED. (Enter nature of injury in Part I or Part II of Item 18.)				
ZDa. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)				
Hour a.m. While Not While factor	ry, street, office bldg., etc.)				
21. I certify that (I) (this hospital) attended the deceased from	14. /2 1953, to 14/4 / 1966 that (1) (we) last				
	death occurred at 550 M, from the causes and on the date stated above.				
22a, SIGNATURE 22b. OATE SIGNED					
Marles C. Hageage M.O.	. PHYS. DIRECTOR PHYS.				
DAME CYPES C. Haceago M. A.	3308 Perry St. Mt. Rainier Md.				
23a, BURIAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)				
REMOVAL (Specify)	Manahartan M H				
Burial 7/5/66 Pine Grove	1 25a REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
Nalley's Funeral Mt. na	inter, un c socc ocher o				
Funeral Home Inc. Maryland	DATE JUL O 1966 Junge				

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MARYLAND STATE DEPARTMENT OF HEALTH

o. STATE

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

b. COUNTY

Division of STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE, MARYLAND 21201 Film 6 mh 6

FOR STATE	10450
EALTH DEPT	1. PLACE OF DEATH

o. COUNTY

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This certificate shauld be executed within 24 haurs after death.

TO DEPUTY MEDICAL EXAMINER:

pages 1 and 2 with the State Department of in any event within 72 hours after death. **u runekat unkeLiuk:** Page 3 shauld be used as a burial-transit permit. File Health ar its designated agent, priar ta burial, crematian, or remaval, and

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	necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to	the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page		TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of

VR A15ME (5) 6M 1/66

Prince George's MARYLAND				Maryland Prince George's				
	b. CITY OR TOWN write RURAL on	(If outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	Riverda	ale	DOA	Bladensbur	g	16-1		
(d. NAME OF HOSPI	TAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
		's Funeral Hor		4417 46th.	YES NO D			
	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year		
	(Type or print)	Willie	Mae	hompson	DEATH 7	20 19 66		
5	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		F UNDER 1 YEAR IF UNDER 24 HRS. Aonths Doys Hours Min.		
Fe	emale	Negro	WIDOWED DIVORCED D	21 Oct. 197	18 28 yrs.	norms boys mous min.		
100	USUAL OCCUPATIO	N (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT		
duri	House	g life even if retired)	INDUSTRY	Mary	land	COUNTRY?		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN				
	Gerl	and Shuford	d	Essie	?			
15.	WAS DECEASED FV	FRINTIS ARMED FORCES?	16 SOCIAL SECURITY NO. 1	7. INFORMANT	Address			
(Ye	s, no, or unknown)	(If yes give war or dates of ser	rvice)					
		DEATH (Enter only one couse p	per line for (o), (b), and (c).)			INTERVAL BETWEEN		
		ATH WAS CAUSED BY:	Pneumonia			ONSET AND DEATH		
	49	3 X DUE TO						
	Conditions, if ony							
	rise to immedio	te couse (o),						
	lost.	(c)						
	PART II. OTHER S	IGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY		
CERTIFICATION						PERFORMED? YES NO		
FICA	20o. EXTERNAL C	ALISE WAS	20b. DESCRIBE HOW INJURY OCCURRI	D (Enter nature of injury in	Port Lor Port II of item 181	1 113 (2) 110		
ERTI	PRIMARY Or CO	ONTRIBUTING	200. DESCRIBE HOW HISOKI OCCORN	D. (Line) holole of hippy in	TOTT TOT TOTT IT OF HEIT TO.)			
AL C	CAUSE OF DEATH.		Tand INHIBY OCCUPATED TOO	DIACE OF BUILDY (II A	- 1706 (City of Anys)	(Caushi) (Chaha)		
MEDICAL	Hour o.	JURY Month, Doy, Yeor .m.		PLACE OF INJURY (Home, for foctory, street, office bldg., etc.		(County) (State)		
×		.m. 19	ot work ot work					
	21. I certif	fy that I took chorge of	f the remains described above,	held an Autopsy 🔀,	Inspection x, Inquiry	ond in my opinion		
	death resul	Ited fram: Natural co	ayses 🔯 , Accident 🛴 , S	vicide 🔲, Homicide	e, Undetermined man	ner 🔲		
	ACTUAL	AV	K.	CHIEF MEDICAL	L EXAMINER			
	ACTUAL SIGNATURE	lon	7/12/11	M.D. ASSISTANT MEI	DICAL EXAMINER	22. DATE SIGNED		
	EXAMINER'S	1			AL EXAMINER 🔀			
	NAME (Type) J				et, city, town, or county)	7-21-66		
230	. BURIAL, CREMATI	ON 23b. DATE THEREO			23d. tocation (city or Town) Laurel,			
24	DOI TOT // 1/100/00							
24	24. FUNERAL ENRECTOR L. SAGUELLE COCKVILLE, Ma. DATEJUL 28 1966 25b. REGISTRAR'S SIGNATURE DATEJUL 28 1966							
	(over	1 - France	TOTAL TITLE,	DATEJU	12 40 100	<u> </u>		
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

THE RESIDENCE OF A STATE OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND OR TOWN (If outside corporoty limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 720 Montgomer YES NO 3. NAME OF First Middle Last DATE Month DECEASED (Type or print) DEATH S. SEX IF UNDER 1 YEAR 7. MARRIED B. DATE OF BIRTH AGE (In years **NEVER MARRIED** [ast birthdoy) Months Hours Days Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? B. ILL. Inspector WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service bert 11720 M 1B. CAUSE OF DEATH (Enter only one cause per for (a), (b), and (c ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TE Canditions, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN TO TERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) Haur a.m. foctory, street, office bldg., etc.) Not While at work at work 21. I certify that (I) (this haspital attended the deceased fram and that death occurred at/1 M, fragh causes and an the date stated above saw the deceased 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23g. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR XXXM DORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Beltsville, July 27 1966 St John's Episcopal Md. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Gasch's Sons Hyattsville, Md.

funeral s 1 and 2 ter death. the filled in by the papers. Page thin 72 haurs a be executed within 24 haurs filled completely and physician a certificate death signed by the atter burial-transit perm burial, crematian, a that the physician. attending has been be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate ATTENDING Page 4 may

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M		10452 CERTIFICATE OF DEATH 10445
funeral and er death	1.	PLACE OF DEATH O. COUNTY PRINCE (FEORGES) MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence Defore admission) D. COUNTY D
naurs after by the fu s. Pages I haurs after	-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest rown) yearle RURAL and give nearest rown) Yallsville A grathsville
filled in papers.		d. MAME OF HOSPITAL OR (INSTITUTION (If not in bospital, give street address) d. STREET ADDRESS Carroll Manor Mursing Home 7004 Parnum St VES NO A FARM? YES NO A
withi rely f ban with		NAME OF DECEASED (Middle Lost 4. DATE Month Doy Year OF DECEASED (Type or print) MARY SEX COLOR DEPORTE 7. MARRIED DISTRIBUTION REPORTED DE RIGHT DE RIPH 19. AGE (In years 1 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
and cample remave car	A	EMALE White WIDOWED & DIVORCED ang 26-1888 Total birthday) Manths Days Hours Min.
skian ar	du	a. USUAL OCCUPATION (Give kind of work dane inguity) 10b. KIND OF BUSINESS OR 11f. BIRTHPLACE (County & State, or foreign country) Connective Connective 4. MOTHER'S MAIDEN NAME
ing physician in the control in the		Thomas O Leary magaret Bahan Was DECEASED EVER IN U.S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17. INFORMANT
attendi permit. ion, ar r		es, no, or unknown) (If yes give wor ar dates of service) home Softal Records Hyalborille May 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
that the cian. by the att transit per cremation,		PART I. DEATH WAS CAUSED BY: ONSET AND DEATH DUE TO ONSET AND DEATH ONSET AND DEATH
equires physic signed burial-		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO DUE TO DUE TO
tending as been as the priar to	ION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS NOTOPSY PERFORMED?
ICIAN: The pital ar a tificate had for use af Health	CERTIFICATIO	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
G PHYSIC the haspi this certi detached te Dept. a	MEDICAL C	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 (State) 20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)
TENDIN ined by OR: After ould be the Star		21. I certify that (I) (this hospital) attended the deceased from 1965, ta 1965 to 1966 that (I) (and los saw the deceased alive on 1966 and that death occurred of 1968 M, from causes and on the date stated above
OR AT be reta DIRECTO ge 3 sho	,	220. SIGNATURE MED. STAFF 22b. DATE SIGNED 22c. PHYSICIAN'S 22c. ADDRESS 22c. ADDRESS 22c. ADDRESS 22c. ADDRESS
HOSPITAL O ige 4 may be FUNERAL DII rectar, page nauld be filed	0.0	NAME (Type) DR, +1G. MALONEY - 4814-7/St. AUE. HYAHS, P.G. M
Page 4 m TO FUNER director, shauld b	Buri	aff May St. Joseph Cemetery Waterbury Conn.
jwb VR A15 (4) 20 M 1/66	2	4. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE DATE ADDRESS DATE ADDRESS ADDRESS DATE

20 M 1/66

The state of the s transfer of executive to the second state of the second se in a second constant of the line of the second of the seco hours after death executed within

453

District Heights

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Michael Tretick 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

FUNERAL DIRECTOR

Wilhelm Funeral Home 4308 Suitland Rd. Wash. DQ

Regent

NAME DF DECEASED

(Yes, no, or unkown)

Yes

CERTIFICATION

MEDICAL

Painter 13. FATHER'S NAME

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OLIVINIONIA OI DENIII	CERTI	FICATE	OF DEATH	
-----------------------	-------	--------	----------	--

ADDRESS Suitland Md

10453 CERTIFICAT	E OF DEATH	
PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a, STATE b. COUNTY	on)
Prince Georges MARYLAND	a. STATE b. COUNTY Maryland Prince Georges	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow	/n)
istrict Heights	Suitland,	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENT ON A FARM	
egent Rehabilitation Center	4775 Huron Ave. Apt. 6 YES NO.	
NAME DE PROPERTY NAMED TO THE PROPERTY NAMED	Lest 4. DATE Month Day Year	
(Type or print) RETICK, MORRIS	DEATH 7 2/ 1966	
SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI last birthday) Months Days Hours Mil	
ale W WIDOWED DIVORCED	XXXX 4/15/10 56 yrs. Months Days Hours Mil	n.
USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
Painter	Russia USA	
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
Michael Tretick	Eva ?	
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17., no, or unknown) ((fyes give war or dates of service)	INFORMANT Address	
	arie Tretick 4775 Huron Ave. Suitland Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a); (b), and (e).]	INTERVAL BETWEE	
PART I. DEATH WAS CAUSED BY: UCUTE DR	onetial theumonia ONSET AND DEATH	rı .
4222 DUE TO DE	1/ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_
Conditions, if any, which buges tive	HEART FAILURE /WK.	
gave rise to immediate	1 5000 10110 - 11	
cause (a), stating the underlying cause last. DUE 10 MUCOCAR OM	msyficiency & CVA, 2 coks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTROLLING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED	
	YES NO	_
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State))
Hour a.m. While Not While p.m. 19 at work at work	ory, street, office bldg., etc.)	
21. I certify that (47 (this hospite)) attended the deceased from	7 - 20, 19 66, to 7-21, 1966, that (1) (we) 13	
	at death occurred at 8 25 M, from the causes and on the date stated abo	ve.
22a. SIGNATURE MB Reces M.	D. ATTENDING MED. MED. STAFF 22b. DATE SIGNED O. PHYS. DIRECTOR PHYS. 7-2/-66	
22c. PHYSICIAN'S WALTER B. SHEER	7200 M He / boco Pike S.E. WASH. 28,0	C,
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		_
Burial Specify July 25,1966 Arlington Nat		

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

hysician and comptetely filled in by the folloase remove carbon papers. Pages 1 It, and in any event; within 72 hours after as the burial-transit permit. Then please remo prior to burial, cremation, or removal, and in any the attending physician and TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attend director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10454

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY 2, and 3 to PM3. Page af death. Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) ofter Beltsville Riverdale five hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 18. Give Poges 1, 2 along with form hours Leland Memorial Hospital 4344 Atcheson Road YES NO X ote 24 hours ofter death. 3 NAME OF Middle 4. DATE Month DECEASED Tufts Neil 28 1966 Warren (Type or print) within DEATH S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 48 vrs. Months white WIDOWED DIVORCED Office (event gnd 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Bldg Contractor TICOUNTRY? ony Vermont e, writing the word "pending" in pencil in forworded to the Chief Medical Exominer's This certificate should be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dotes of service) 008 10 0385 Anita R Tufts Beltsville, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Gun shot wound of brain (.22 caliber) 0 IMMEDIATE CAUSE (o) cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO 0 stoting the underlying couse buriol, 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO 5 may be retained for your tiles.

TO FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING 4 should CAUSE OF DEATH. shot self in bedroom of home 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) (Stote) Hour o.m. While foctory, street, office bldg., etc.) Not While at work of work Beltsville. P.G. 9:00 pm. p.m. 1966 Md. home 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X. Inquiry X and in my apinian Natoral causes 1. Acciden 7. the funeral director. death resulted fram: Suicide X. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 7-28-66 DEPUTY MEDICAL EXAMINER NAME (Type) John Kehoe M.D., Riverdade, Maryland Address (Street, city, town, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) July 30, 1966 Ft Lincoln Cemetery Colmar Manor, Md. 2So. REC'D BY REGISTRAR 24 FUNERAL NIRECTOR 2Sb. REGISTRAR'S SIGNATURE Victories Juage F. Gasch's Sons Hyattsville, Md. 1966

VR A15ME (5) 6M 1/66

THE PROPERTY OF THE PROPERTY O Randad Trabibista 2 Stelland Photography . No. of factories and additional control to the control of the co The state of the s solder to be the control of the cont

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10455

CERTIFICATE OF DEATH

10448

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4		PLACE OF DEATH					2. USUAL RESIDENCE (Where deceosed lived	if institutio		efore odmiss	ion) 🗸
	1		nce Georges	5	MARYL	AND	U. STATE		D. COUNT			
1		b. CITY OR TOWN (If outside corporate limit		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o	utside corporate limits	write RURA	L ond give ne	orest town)	
			give nearest town)		-		***			,,,	2 2	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)						ton, D.C.		4.	I a ic nre	IDENCE
	(d. NAME OF HOSPIL	AL OK INSTITUTION (IT I	of in hospitol,	give street address)		d. STREET ADDRESS				e. IS RES	FARM?
1			Dale Hospit					yon St., 1			YES	NO 🔽
	3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE WIDOWED WIDOWED				Middle		Lost	4. DATE OF	Month			ear ear
						Tur		DEATH		0/		66
	S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (1	n yeors irthdoy)	Months Do	ovs Hours	R 24 HRS.
		F	N	WIDOWED	DIVORCED		1/1/1901	65	yrs.	mointis po	75 110015	Mino.
				IND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign cou	ntry)		N OF WHAT		
	duri	ing most of working	lite, even if retired)	11	NDUSTRY		0			COUNT		
	13	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			ISA	
	10.	TATTIER 3 HAME					14. MOTHER 5 MAIDER	· ·				
		unkno				,	unkno	wn				
8			R IN U.S. ARMED FORCES? (If yes give wor or dates		SOCIAL SECURITY NO.	17. 1	NFORMANT		Address	S		
	(10	s, no, or unknown,	(ii yes give wor or dores	OI Service,		D.	C. General	Hospital	Recor	d Room		
		18 CALISE OF DE	ATH (Enter only one co	use per line for	(a) (b) and (c))		01 00:101.01				INTERVAL SE	TWEEN
		PART I. DEA	TH WAS CAUSED BY:	Son	ticemia						ONSET AND	DEATH
G		443	IMMEDIATE CAUSE	(0)	·						2 week	KS
		7 7		10			1100000000					
		Conditions, if ony, rise to immediat				iti	multiple a	nd genito	urina	ry	unknov	wn.
		stoting the under		10 inf	ection					590		
30		lost.	' ' ')	(c) Hyp	ertensiva a	nd	arterioscle	rotic card	io-			
		PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELA	1000	HE TERMINAL DISEASE CO	WHO E GLEN AND AND AND AND AND AND AND AND AND AN	Cular	accid	PI WAS AU	HOPSTO)
	ION										PERFOR!	NO 🗔
2	S	00 4661061171114	diabetes 1			HIDDED	(5.4	Deather Beath of St	10.		112	NO L
	CERTIFICATION		S UNDERLYING L. CAUSE OF DEATH MEDICAL EXAMINER)	205. 01	ESCRIBE HOW INJURY OCC	UKKED.	(Enter noture of injury in	Port I or Port II of it	m 18.)			
8			JRY Month, Doy, Yeor	204 1	NJURY OCCURRED	200 DIA	CE OF INJURY (Home, for	m. 20f. (City o	r town)	(County	()	(Stote)
	MEDICAL	Hour o.n	n.	While			ory, street, office bldg., etc.		, 10411)	(coom)	,	(31010)
Ш	2	p.r		ot wor	k lat work l							
		21. I certi	fy that (X (this ha	spital) atten	ded the deceased f	ram		19 <u>65</u> , ta		0/19_66		
		saw the d	eceased alive an_	7/10	19 <u>66</u> , ai	nd tha	t death accurred at	1 3:45 AM fram	causes a	nd an the	date state	ed above
		220. SIGNATURE	14	11	31500000000					22b. DATE	SIGNED	
			MANA	VY	111	M.I	D. PHYS.		TAFF HYS.	7/1	10/66	
		22c. PHYSICIAN'S	700		Cy C		22d. ADDRESS			,,,-	.07.00	
		NAME (Type	Moe We	ss. M.	D		Glenn Del	e Hospital	C16	nn Dal	e Md	
	22-	DUDIAL CDEMATIC			23c. NAME OF CEMET	rny on						(Canto)
	230	REMOVAL (Specify		iekeu!	CO. NAME OF CEMET	EKTUK	CKEMIATURT	23d. LOCATION	city of low	7 (10	ounty) ((Stote)
			1///	166	Solema	1		1 -aux	af (sunty		1a.
	24	SUNERAL DIRECTO	1 1 2	11 71.	Pathodress @	St	alch 2A 250. REG	D BY REGISTRAR		ISTRAR'S SIGN		
	1	Monal	& Figure	ral 1	terno	-	DATE	UL 13 19	66	Charl	ey Jus	Las

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. They please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10456 CERTIFICATE OF DEATH and 2 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH Prince George's COUNTY Prince George's MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) I campletely filled in by the mave carban papers. Page ny event, within 72 haurs a cheverly 2 days Cedar Heights d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Prince George's General Hospital 904 64th Street 3. NAME OF Middle 4. DATE Month DECEASED OF DEATH Underwood July Mary (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED edse remave birthdoy) Aug. 12, 1909 Female Negro DIVORCED WIDOWED dn ond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) .5 during most of working life, even if retired attending physic 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address -transit permit. (Yes, no, of unknown) (If yes give wor or dotes of service IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit p burial, crematic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse priar ta as the has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) USe O FUNERAL DIRECTOR: After this certificate for 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 40 OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Dov. Year (City or town) Hour o.m. factory, street, office bldg., etc.) ot work ot work 21. I certify that (F (this hospital) attended the deceased from July 29 19 66 to July 31 , page 3 should be filed with the July 31 1966, and that deoth occurred o4:55p M, from causes and on the date stated above. saw the deceosed alive on_ 22o. SIGNATURE ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 3308 Dod NAME (Type Max M. Herzberg, M.D. directar, shauld 230. DURIAL, TREMATION NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

executed within 24 hours after death requires that the death certificate be physician. attending the haspital ar þ be retained Page 4 may t

20 M 1/66

22b. DATE SIGNED

Md.

(County)

IS RESIDENCE ON A FARM?

NO

19 66

IF UNDER 24 HRS.

INTERVAL BETWEEN

DINSET AND DEATH

19. WAS AUTOPSY PERFORMED?

19 66, that (Mr (we) lost

NO

(Stote)

(Stote)

Year

YES

Dov

31

12. CITIZEN OF WHAT

COUNTRY ?

IF UNDER 1 YEAR

Months

ge	raik	ra.,	Lande	Mer.
T	23d, LOCAT	ION (City or	Town)	(County

250. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

CLOUI

	basivan		Prince Compute
	Ceder Heights	eyet	VARRAND
	Tribert Street and Line	Lerigadi Jam	Prince Scornela Game
7.00 10 vis	hoosystal		
			Pennis Werro

33 ft Dodge Fark Ed. . sandover, Ed.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10657

	TOZOS OFKILIONIE	OI BLAIN
1.	PLACE DF DEATH a. COUNTY	USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
	Prince George's MARYLAND	Maryland Prince George's
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Cheverly 9 days	Bladensburg /6-/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	Prince George's General Hospital	3200 Kenilworth Avenue ON A FARM? YES NO NO
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Peter W	Vincent DEATH July 12 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS
		June 2, 1887 9. Age (in years it bunder I year in bunder 1 year in bunder 24 hrs.) 79
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
du	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY TRAILER Park	Delaware COUNTRY? A
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	James H Vincent	Mary Massey
	WARD FOR THE DISTRIBUTE ADDITION TO BE A COMMON TO	
	as no on univous) //iduos nivo won or dotor of couries)	INFORMANT Address
	no 578-10-8247 V:	iola E Vincent Bladensburg, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Sarahan Recut ONST AND DEATH
	14 2 01 IMMEDIATE CAUSE (a)	
	Conditions, if any, which	The bull para soquet (-1.46
	gave rise to immediate (b)	Tuncunsons, real
	cause (a), stating the DUE TO	to Cantowasalas Kesale
Z	underlying cause last. (c)	CAC (CODIOC TO TO TO THE AUTOROUS
은	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
S		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour a.m. While Not While at work	y, street, onice blug., etc.)
2	21. I certify that (I) (this hospital) ettended the deceased from	1961 to July 139 66 that (1) two last
-	21. I certify that (i) (this hospital) attended the deceased from 7	1907, to the that (1) (we) last
	saw the deceased alive on 19 19 and that	death occurred a 9:30 M, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING - MED STAFF
	Tellery X Color II M.D.	PHYS. DIRECTOR PHYS. 1 7/12/66
	22c. PHYSICIAN'S NAME (Type) William D. Rosson	22d. ADDRESS 5701 85th Avenue, Hyattsville, Md.
_	WILLIAM D. NOSSON	5701 ostii Avende, nyattsville, na.
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	REMAYAL (Specify) July 15, 1966 Ft Lincoln	Cemetery Colmar Manor, Md.
24		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville, Md.	DATE JUL 15 1966 Mcharley Judge
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Health or its designated agent, priar to burial, cremation, or removal,

(5)

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necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm 5 moy be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs ofter death. If

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	10458	3	MEDICAL EXA	MINER'S	CERTIFICATE O	F DEATH	1	1145	i
1.	PLACE OF DEATH o. COUNTY Pr	ince George's		MARYLAND	2. USUAL RESIDENCE (Vol. STATE Maryland	Where deceased lived, if insti	itution: Residence		ian)
	b. CITY OR TOWN (If outside carparate limits, d give nearest town)	c. LENGTH OF			tside carparate limits, write			
		AL OR INSTITUTION (If not in h Iemorial Hospi	aspital, give street addre	ss)	d. STREET ADDRESS 312 Carrol	l Avenue		e. IS RES ON A I	IDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	First Grace	Midd E		lost Virts		anth	,	ear 66
	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER M	ARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months D	EAR IF UNDE	ER 24 HRS.
100	t'emale a. USUAL OCCUPATION ring mast of weeking. Recti	(Give kind of wark dane	10b. KIND OF BUSINESS		O April 188 11. BIRTHPLACE (State Savage, Ma	or foreign country)	12. CITIZ	EN OF WHAT	
13.	FATHER'S NAME	William Fish	ner		14. MOTHER'S MAIDEN ! Ella	McCormick			
15 (Y	. WAS DECEASED EVE es, na, ar unknawn) nono	R IN U.S. ARMED FORCES? (If yes give war ar dates of servi none	(e) 16. SOCIAL SECURITY		nformant 5. Molly Fis	Ad Sher,414 Main	dress St.,SL	aurel,	Md
	PART I. DEA' 9 0 4 Conditions, if ony, rise to immediat stoting the underlast.	, which gave e cause (a), rlying couse (c)	Pneumonia				3	INTERVAL BE ONSET AND days	DEATH
CERTIFICATION		GNIFICANT CONDITIONS CONTRIBUTE TERTOCHANTER USE WAS NTRIBUTING T	ic fracture	right JRY OCCURRED.	femur 6-2 Enter nature of injury in	IDITION GIVEN IN PART 1(a) 2-66 Part I or Part II af item 18.)		19. WAS AUT PERFORM YES	TOPSY MED? NO
MEDICAL	20c. TIME OF INJU		20d. INJURY OCCURRED While at wark	20e. PLAG	E OF INJURY (Hame, farm ary, street, affice bldg., etc.)		(Count	у)	(State)
	21. I certify deoth result	y that I took charge of		ed obove, he	ld on Autopsy [], de [], Homicide	Inspection 😿 , In	quiry 😿,	ond in my	opinion
	ACTUAL SIGNATURE EXAMINER'S	John Kehoe, M	7 / el	ale, Mo	DEPUTY MEDICA	ICAL EXAMINER IL EXAMINER IL EXAMINER IL EXAMINER IL EXAMINER IL EXAMINER IL EXAMINER IL EXAMINER IL EXAMINER IL EXAMINER IL EXAMINER IL EXAMINER IL EXAMINER IL		22. DATE	
24	J. BURIAL, CREMATIC REMOVAL (Specify, BURIAL DIRECTO FUNERAL DIRECTO FOLD S.	July 11,19	23c. NAME OF	CEMETERY OR O	REMATORY netery Suit		land Md REGISTRAR'S SIGN	ounty) (:	Stote)
					DAIL J	JL 1 2 1966	Mary	en Jud	Lap.

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design TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then receive nemove carbon popers. Pages I and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and any event, within 72 hours after destriction. **CO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH

10453	CERTIFICATE	OF DEATH		10452	
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institut		fare admission)
o. COUNTY Prince Geor	MARYLAND	a. STATE	vland b. cou		Georges
h CITY OR TOWN (If outside cornarate limits	C. LENGTH OF STAY IN 1b		utside carparate limits, write RUI		
write RURAL and give nearest town)		,		1/	,
Mt. Ranier d. NAME OF HOSPITAL OR INSTITUTION (If not in	3 Years	Mt. Ra	urei.	16	A IS RESIDENCE
					e. IS RESIDENCE ON A FARM?
3157 Queens Char		3157 0	ueens Chane		YES NO
3. NAME OF First	Middle	Last	4. DATE Mont		ay Year
(Type or print) Georg	gia VI	lahos	DEATH JULY		19669
S. SEX 6. COLOR OR RACE 7. I	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Day	
Female White W	VIDOWED DIVORCED	August 28.		maiiiis Day	3 Hoors Mill.
10a. USUAL OCCUPATION (Give kind af wark dane	10b. KIND OF BUSINESS OR		& State, ar fareign country)	12. CITIZEN	
during most of working life, even if retired) Housewife	At Home	Greece		COUNTR	USA
13. FATHER'S NAME	110 HOMO	14. MOTHER'S MAIDEN	NAME		0.01
Elias Vlangas		Eleni	Vlogianiti	s	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?		INFORMANT	Addre		THE TO
(Yes, na, ar unknawn) (If yes give war ar dates af sen	None N:	icholas Vl	shoe Sam	e as #	2
18. CAUSE OF DEATH (Enter only one cause pe		LCHOTOS VI	auos ball		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Cerelial Coc	what			ONSET AND DEATH
IMMEDIATE CAUSE (a) 4 2 0 DUE TO	0				
Canditians, if any, which gave) (b)	(Erelea & Can	teriodo	ora:	- 16/10	
rise to immediate cause (a), (0		^		
stating the underlying cause (c)	· Centerios closes	to Heart	Desease		
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT PELATED TO	THE TERMINAL DISEASE COL	NDITION GIVEN IN PART I(a)		19. WAS AUTOPSY
NO.	IDOTINO TO DEATH DOT NOT KEENED TO	THE TEXAMINE DISEASE CO.	ionion onen in rakt i(e)		PERFORMED? YES NO NO
S ACCIDENT WAS UNDERLYING II	205. DESCRIBE HOW INJURY OCCURRED.	(Fater peture of injury in	Dort I as Dart II of itom 10		IES [] NO D
□ 20a. ACCIDENT WAS UNDERLYING □ □ OR CONTRIBUTING □ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter notore of injury in	ran i ar ran ii ai nem 18.)		
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m.	Las Mulliply Occupant	CF. OC INDUSTRALIA	1 001 (6)	15	161-4-3
20c. TIME OF INJURY Manth, Day, Year Hour a.m.		CE OF INJURY (Hame, farn tary, street, affice bldg., etc.		(Caunty)	(State)
p.m. 17	at wark at wark	orne			
21. I certify that (I) (this hospita	I) attended the deceased from_		1966 to 7-10		that (I) (we) la
saw the deceased alive an	1905, and tha	t death occurred at	7.404 M, from causes		
22a. SIGNATURE		ATTENDING A	MED. STAFF	22b. DATE S	
U Key	M.		DIRECTOR L PHYS. L	7-16	66
22c. PHYSICIAN'S NAME (Type)	f luD	22d. ADDRESS	Houlle,1	9d.	
230. BURIAL CREMATION. 23b. DATE THEREO	23c. NAME OF CEMETERY OR	CREMATORY	I 23d. LOCATION (City or To	wn) (Cou	nty) (State)
REMOVAL (Specify) 7/13/66	Fort Lincol		Colmar Mar	,	arvland
24 CLINEDAL DIDECTOR	ADDRESS			GISTRAR'S SIGNA	
T Wm Lees Sons	300 4th St., NE	DATEJU		Marle	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. 2, and 3 to PM3. Page deloy is

onsit permit. File pages Lond 2 with the State Department af or removal, and in any event within 72 hours ofter death.

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

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	necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2	0	5 moy be retained for your files.		S
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				TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Dep	
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	エリをり	U	IMED	ICAL EXAMIII	MEK 2	CEKHIPICATE C	JE DEA	ın			1145	13
1.	PLACE OF DEATH o. COUNTY Prince G	eorge!s		MAR	RYLAND	2. USUAL RESIDENCE 0. STATE Marylan	(Where decea	sed lived, if institut b. COU	tion: Residen	Geo	rge !	s
-	b. CITY OR TOWN (If write RURAL and	autside corporate lim give nearest town)	its,	c. LENGTH OF STAY	IN 1b -	t. CITY OR TOWN (If o		ate limits, write RU	RAL and give	nearest	r town)	- 30
	d. NAME OF HOSPITAL	L OR INSTITUTION (IF	ndt in hospital, g	give street oddress)		d. STREET ADDRESS	1.6	- CATALON L			e. IS RESID	DENCE ARM?
	19-D Par	kway				19-D Pa	rkway					NO K
3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Mon		Doy		
	(Type ar print)		oebe	Blanch	-	Waldman	DEATH	7		22	196	
	emale	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		April 29.	1893	9. AGE (In yeors last birthday) 73. yrs.	Months Months	Doys	Hours Hours	Min.
100		(Give kind of work dan	e 10b. KI IN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (State		ountry)		UNISY?		
13.	FATHER'S NAME	Joseph M				14. MOTHER'S MAIDEN	NAME anknow	'n				
		IN U.S. ARMED FORCES If yes give war ar dates W W 1	of service)	SOCIAL SECURITY NO. 77 42 715		nformant oseph M Wal	ldman	Addr		, Mo	d.	
			(o) Hear	(o), (b), and (c).) t Failure							ERVAL BETY SET AND D	
	Conditions, if any, in rise to immediate stoting the underly	which gave) cause (a),	E TO (b) <u>Arte</u> E TO	riosclerot	tic He	eart Diseas	е	47.3		ove	er 3	yrs.
22	PART II. OTHER SIG	NIFICANT CONDITIONS	(c)CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	NDITION GIVI	EN IN PART 1(o)		19.	WAS AUTO)PSY
CATIO										YE		NO 🔼
MEDICAL CERTIFICATION	20o. EXTERNAL CAU PRIMARY ☐ or CONT CAUSE OF DEATH.		20b. DE	SCRIBE HOW INJURY C	OCCURRED. (Enter noture of injury in	Port 1 or Por	rt II af item 18.)		*		
MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.	RY Month, Doy, Yeor . 19	20d. IN While at work	Not While of work		E OF INJURY (Hame, for ary, street, affice bldg., etc		(City or town)	(Cau	unty)	(5	Stote)
	21. I certify					d an Autapsy 🔲 ,	Inspecti	on X, Inqu	uiry 🗓,	ond	in my	opinion
	deoth resulte	ed fram: Natu	auses y	Accident //], Suici	de 🔲, Homicide		ndetermined m	anner _			
	ACTUAL	1. 1	/	X	-1	CHIEF MEDICAL				2	2. DATE	SIGNED
	SIGNATURE	427	11	IN.		M.D. ASSISTANT MEI		-84			-25-6	
	EXAMINER'S NAME (Type)	n Kehoe M	D. Ri	verdale, l	Maryl	and Address (Stree		_		200		
230	BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE TO		23c. NAME OF CEM	AETERY OR	National		CATION (City or To	Virg	(County)		tate)
	. FUNERAL DIRECTOR		6	ADDRESS			D BY REGISTI		GISTRAR'S SI	IGNATUR	E	ge

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 10454

1.	a. COUNTY	a. STATE b. COUNTY b. COUNTY							
	PRINCE GEORGE'S MARYLAND								
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)						
	ANDREWS AIR FORCE BASE 1 DAY	WASHINGTON, D.C.	0 - 1						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?						
	USAF HOSPITAL ANDREWS	5107 W ST. SE	YES NO V						
3.	NAME OF First MIddle DECEASED	Last 4. DATE Month OF	Day Year						
-	(Type or print) JOANNA P.	WALSH DEATH JULY	30 19 66						
5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1	last birthday) Months I	Days Hours Min.						
	F CAU WIDOWED DIVORCED	27 NOV 17 48 yrs.	Days Hours IMM.						
10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT						
1	during most of working life, even if retired) NEW HAMPSHIRE COUNTRY? USA								
13.	13. FATHER'S MAIDEN NAME								
	MICHAEL CLAUGUERTY	RPINCET MAHED	The state of						
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address							
(Ye	(es, no, or unkown) (If yes give war or dates of service)								
-	NO VNKNOWN K	CHUND & WHITH SHIPHS	INTERVAL BETWEEN						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	.1	ONSET AND DEATH						
	IMMEDIATE CAUSE (a) Leart for	uur							
	13 3 % DUE TO A	11.							
	Conditions, If any, which (b)	dehydration							
	gave rise to immediate cause (a), stating the DUE TO								
	underlying cause last. (c) Carcinomo	of colon							
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?						
ICA 1			YES NO						
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of Item 18.)						
		E OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)						
MEDICAL		, street, office bldg., etc.)	(533.5)						
	21. I certify that (I) (this hospital) attended the deceased from 2	9 July, 1966, to 30 July, 196	6, that (I) (we) last						
	saw the deceased alive on 29 July 1966, and that	death occurred at 4:40 AM, from the causes and on the							
	22a. SIGNATURE	22b. D/	ATE SIGNED						
	M.D. PHYS. MED. STAFF DIRECTOR PHYS. 130 July 6								
	22c. PHYSICIAN'S	22d. ADDRESS							
	NAME (Type) J. OGLETREE	USAF HOSPITAL ANDR	GWS _						
23a	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)								
	BUNIAN 8-2-66 ARLINGTON	NATH CEM FT MYER	KA.						
24	ADDRESS WASH	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE						
L	VWChAMBERS. 1400Ch	DINSPATERO AUG 3 1966 OCC	ianela O						
			- Judge						

VR AI5 (4) 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. They please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remover, and in any event, within 72 hours after deapt. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	PLACE DF DEATH , a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission)
	Frince (yearge Co, MARYLAND	Maryland Pri	TOP GROUP
	b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL	end give nearest town)
/	grentwood Md. 16 yrs.	Brettwood	16-1
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
M	rince Geo's Gen'l Cheverly Md.	4405 - 39 - 54	YES NO
3.	NAME OF DECEASED MIDDLE FIRST , MIDL	Last 4. DATE Month OF DEATH JULY	Day Year 20 1966
	7001	8. DATE OF BIRTH 9. AGE (In years IFUNDER	
7	WIDDWED DIVORCED	3/9/1894 last birthday) Months	Days Hours Min.
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR pg nost of working life, even if retired) NDUSTRY	A1. BIRTHPLACE (County & State, or foreign country) 12. C.	TIZEN OF WHAT
(Terk Printing U.S. Go	WN95HIH9ton D.C. O	, S. A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	Pl,
	-lohh C. Travers	Margurice Barro	Malana
15. (Yes	WAS DECEASED EVER IN U.S. ARM ED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 24	3 Choserv
	Leader Francisco	AZEI h. YOUNG WASH	, A.C.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	-1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COLOHOLY	1 4rombos15	JArs.
	2041 DUE TO 00 02	/	4
	Conditions, if any, which by 10gehou.	s heukemia	Tyears.
	gave rise to Immediate cause (a), stating the DUE TO		
_	underlying cause last. (c)		
TIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
FICA	Highetes		YES NO NO
CERTIFICATION	20a. ACCIDENT WAS ONDERLYING 20b. DESCRIBE HOW INJURY OCCION CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCION CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCION CONTRIBUTION CONTRIBUTI	URRED. (Enter nature of Injury In Part I or Part II of Item 18.	.)
		CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
MEDICAL	Hour a.m. While - Not While - factor	ory, street, office bidg., etc.)	(0,000)
Z.	p.m. 19 at work d work	1 11 -11 -11 -201	7
	21. I certify that (I) (this hospital) attended the deceased from	/ / / / / / / / / / / / / / / / / / /	that (I) (we) last
	saw the deceased alive on $90/9/7$ 1966, and tha	t death occurred at M, from the causes and on t	ATE SIGNED
	100 2 0 1/2 22 2 2 2	ATTENDING MED. STAFF	120 1966
	22c. PHYSIOMAN'S	D. PHYS. DIRECTOR PHYS. PHYS.	20,1100
	NAME (Myderles C. Hageage M.Z	7. 3308 Farry St. Mt.	alyiend.
23a.		Y OR CREMATORY 23d. LOCATION (City, town or con	unty) (State)
-	Burgal (Specify) July 22 1966 atlengton	national arlington	/regined
24.	FUNERAL DIRECTORS 1/0 7 222 11/ADDRESS ONLY	Wash 25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
0	A MALMOND TINGMANNIN	De DATE JUL 21 1966 form	res Judge

VR A15 (4) 15M 4-64

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10463

CERTIFICATE OF DEATH

10456

	PLACE OF DEATH					2. USUAL RESIDENCE o. STATE	(Where de	ceased lived, if instituti	ion: Residen	ce befar	e admissio	on)
	o. COUNTY Prince			MARYLA		o. STATE Maryl	and	P	rince	Geo	rges	
	b. CITY OR TOWN ((If outside corparate limit d _e give nearest town)	s,	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Brentwoo	d				Brentwoo	od.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/	10	/	
	d. NAME OF MOSEC	ALXOR MISTITUTION (If n	ot in hospit	al, give street oddress)		d. STREET ADDRESS			6		ON A FA	
	4522 Rh	ode Island	Ave.			4522 Rhc	de I	sland Ave.				NO [
3.	NAME OF	Fi	rst	Middle		Last	4. DA	TE Mont	h	Day	Yeo)[
	(Type or print)	Sar	ndy	Thoma	S	Ward	OF DE/	ATH July		1	19	66
S.	SEX	6. COLOR OR RACE	7. MARR	IED 🔀 NEVER MARRIED		B. DATE OF BIRTH	30.0	9. AGE (In years	IF UNDER		IF UNDER	
	Male	negro	WIDOW	/ED DIVDRCED		7-30-94		71 printhday)	Months	Doys	Hours	Min.
	ring most af warking	N (Give kind of wark dane	101	b. KIND OF BUSINESS OR INDUSTRY		Wash.,			12. CIT CO	IZEN OF UNITRY?	S. A	
13.	13. FATHER'S NAME Sandy T. Ward			14. MOTHER'S MAIDEN	NAME		H	177				
			5.	Charit	y An	n ?						
15 (Y	. WAS DECEASED EVI	R IN U.S. ARMED FORCES? (If yes give wor ar dates	of service)	16. SOCIAL SECURITY NO.	17. 1	NFORMANT Wife		Addre	SS			
	18. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).)										ERVAL BET	
		TH WAS CAUSED BY: IMMEDIATE CAUSE		Acute coro	nam	occlusion	1			ONS	sei and d	EATH
	4:00			G A 1								
	Conditions, if any, which gave) (b) Gen. Arteriosclerosis							unknown				
	rise to immediate cause (o), Stoting the underlying cause DUE TO											
	lost. (c)											
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)								19. WAS AUTOPSY			
TION	TAKE II. OTHER SIGNAL CONDITIONS CONTRIBUTION TO DEATH DOT NOT RECEIVED TO THE TERMINAL DISEASE CONDITION OFFER IN TAKE I(0)								PERFORM ES 🗍	ED?		
CERTIFICATION	20o. ACCIDENT WA	S HNDFRI YING [7]	206	DESCRIBE HOW INJURY OCCU	IRRED	(Enter nature of injury in	Part Lar	Part II of item 18 \			الما ا	
CERTI	OR CONTRIBUTING	CAUSE OF DEATH	205	. DESCRIBE HOTE HOOR! OCCU		and indicate an injury in	dir i di					
		MEDICAL EXAMINER) URY Month, Day, Year	20	d. INJURY OCCURRED 2	ne PLA	CE OF INJURY (Home, fai	rm 20	Of. (City or town)	(Con	inty)	- 1	State)
MEDICAL	Haur o.	m.	W	hile Not While		ary, street, affice bldg., et		(4)	1.00		,	_,_,,
-	p.			wark at work	1	5-16	10.66	, to 7-1	10.4	55 14	-A (1) (\ <u> </u>
	saw the d	eceased alive an_	6-26	tended the deceased fr 19 <u>66</u> , an	d tha	t death occurred o	10 a	M, fram causes		ne dat	e stated	d abav
	22o. SIGNATURE	220. SIGNATURE M.D. ATTENDING MED. STAFF 7-1-66 ATTENDING DIRECTOR PHYS.										
	22c. PHYSICIAN'S NAME (Type		umanı	n, M. D.		22d. ADDRESS	eens	bury Rd.,	River	dale	, Md	•
23	o. BURIAL, CREMATI REMOVAL (Specify	1 . 7-7	EREOF-190	23c. NAME OF CEMETE	11	INGTON	11	LOCATION (City) or To	510	(County)	VY	tate)
2	4 FUNERAL DIRACTO			ADDRESS	10-	2So. REG	'D 8Y REG		GISTRAR'S S		-	
	IV. E Sto	uns a	10	132 You 1	M.	W DATE	JIII	5 1966	Milia	rele	, Jaco	42

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then Dease remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremotion, or removal, and it only event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retoined by the hospitol or ottending physicion. VR A15 (4) 20 M 1/66

36101 SA Last Debat. See Holasidon est had build a big harman and 1. 5 of 5 - A - W 106" The Party of the Land indicates and basing the Control of La commens, M. S. M. S. M. S. M. Commens, M. S. M. Commens, M. C. Mr. E. Januard Co. M32 Your State State William Party State

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10464			CERTIFIC	ATE	OF DEATH	55.00		1000	10	457	
	LACE OF DEAT	H			1 2	a. STATE	CE (Where de	ceased lived, If		Residence	before ad	mission)
]	Prince (George's		MARYLA	NO	Maryland	i		rince	Geor	ge's	
b	Write RURAL	/N (If outside corpora and give nearest tow	te limits,	c. LENGTH DF STAY	N 1b	CITY DR TOWN (If	outside cor	porate limits,	write RURAL	and glv	e neares	t town)
	Cheverly		1112	19 hr. 21	min	Upper Ma	arlbore	0		16	- /	
(d. NAME OF HÓ	SPITAL OR INSTITUTION	ON (If not in h	ospital, give street add	ress)	. STREET AOORESS				0	. IS RES	IOENCE ARM?
1	Prince (George's Ge	neral H	ospital						Y	-	NO 🗌
3. 1	NAME OF DECEASED	F	Irst	Middle		Last	4. DATE	Moi	nth	Oay	Yea	
	Type or print)		aby	Boy		Watkins	DEATH	Ju.	Ly	2	19	66
5. 8	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	x 8.	DATE OF BIRTH	9.	AGE (In year last birthday	S IF UNDER			
	Male	Negro	WIDOWED	DIVORCED	Ju	ily 1, 1966	6	- yrs.	Months	Days	Hours 19	MIn. 21
10a. l	USUAL OCCUPAT	TION (Give kind of work king life, even if retire	done 10b. K	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (C	ounty & State	, or foreign coun	try) 12. C	ITIZEN (OF WHAT	
	none	ang me, even il retire	,u) I		200	Prince Geo	orge's	, Maryla		SA		
13.	FATHER'S NAM	ME .			1	4. MOTHER'S MAIL		, ,				
	Joseph A	McKennev Wa	tkins			Shirley E	lizabe	th Bond				
15. \	WAS DECEASED	EVER IN U.S. ARMED FI	DRCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress			
	no, or unkown)	(If yes give war or dates	of service)		Mot	ther		as	abov	9		
		DEATH Enter only or	ne cause per	line for (a), (b), and (c).					, abov	INTE	RVAL BE	TWEEN
		EATH WAS CAUSED BY	(: D	· labal		electasis	,			ONS	ET AND I	DEATH
	7625	- IMMEDIATE CAUSE		Corcer	CAS	Cleudan						
	Conditions, if		TD	20 Mahan	T.							
	gave rise to	Immediate	(b)	a ma wi	4							
	cause (a), s		T0		J							
	underlying cau		ONS CONTRIB	UTING TO DEATH BUT NO	TDELATE	O TO THE TERMINAL	DISEASE CON	IOITION GIVEN	IN PART 1/a)	119.	WAS AU	TOPSY
ICATIC	TARTIT.OTHER	SIGNITICANT CONDITT	ONSCONTRIB	OTHE TO DEATH BOTHO	TRELATE	O TO THE LENMINAL	DISERSE OUT	IOTH ON GIVEN	1141 71(1 1(0)		PERFOR	
CERTIFICATION	2Da. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING CING CAUSE OF DEA	TH 20b.	DESCRIBE HOW INJURY	OCCURR	EO. (Enter nature o	f injury in P	art i or Part I	of Item 18	3.)		
		INJURY Month, Day,		NJURY OCCURRED 20		OF INJURY (Home, fa		(City or town)	(Co	unty)	(5	State)
MEDICAL	Hour a.		While		factory,	street, office bldg., e	etc.)					
Σ -		m. 19			Т.	-3 3 1	066 10	T., 3., 4	106	C IL	-A (4)- (s	lool (au
				ed the deceased fro		noth popured at	966 to	July om the cause	s and on	ho date	at un (V	ve) iasi
-	22a. SIGNATU		1	10 1	u that u	eath occurred at.		OIN THE CAUSE		DATE SIG		doord
	14	5NA 1	1/0	Welen	MD	ATTENOING PHYS.	MED. DIRECTOR	STAFF PHYS.	A 7	15	16 6	5
-	22c. PHYSICIA	ADIS										
	NAME (T	ype) Bertha	E. Var	Gelderen,	M.D.	3001 Ch	everly	Ave. C	heverl	у, М	ld.	10
23a.	BURIAL, CREA		THEREOF	23c. NAME OF CEM	TETERY O	R CREMATORY	23d. L	OCATION (CIty,	town or co	unty)	(S1	tate)
	Crematic	on 7/9/	66	Prince Geo	rge?	Gen. Hos	() a)	heverly			ylan	d
	FUNERAL DIR	ECTOR Harry	W Mei	nn JAPORESS		25a. RE	C'D BY REGI	ISTRAR 25b.				
1	Sher	Admin	Technic	Cheverly	Mai	ryland DATE	INT T	5 1966	galia	reg	Jus	7

VR A15 (4) 15M 4-64

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Prince George's Gameral Hospital

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Bertha E. Was Telderen E. D. Grot County Ave. Cheverly. Id.

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10465	RESEARCH AND	RECORDS.	301 W.	PRESTON	STREET.	BALTIMORE	1 MARY	AND
A DITTOLE OF CHARLES		,					.,	
111465	CEDT	IFICATE	OF	DEATH			1014	EU
* 0300	OLKI	HIGHIE	Ul	DEATH			8 1 1 4 4	10

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Prince Georges MARYLAND	a. STATE Maryland b. COUNTY Prince Georges
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly 7 days	Bladensburg //6 - /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Prince Georges General Hospital	4314 Edmonston Road ON A FARM? YES NO EX
3. NAME DF First Middle	Last 4. DATE Month Day Year
DECEASED	Wienecke DF DEATH July 11 19 66
	8 DATE OF RIPTH 19 ACE (In years IFTINDER 1 YEAR IFTINDER 24 HRS
Female White WIOOWEO OIVORCEO	last birthday) 74 yrs. Months Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) Housewife NDUSTRY own home	Washington D C COUNTRY?
13. FATHER'S NAME	Washington D C U S A
George Sacks	Anna Vogel
(Van an an and anna) (15 and	INFORMANT Address
no 3/9 32 6211 G	eorge W Wienecke Bladensburg, Md.
18. CAUSE OF OEATH [Enter only one cause per tine for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. OEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	
Conditions, If any, which \ (b) Cereful 4	
gave rise to immediate	N Cygnyagor
cause (a), stating the OUE TO	
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
FARTH. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?
001	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL 20a, ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of injury in Part i or Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While factor	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1964, to 7-1/, 1948, that (I) (we) last
	at death occurred a 3.50 MM from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
101 Ggra M.	O. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) DEDGNEN M	22d. ADDRESS Hyntlynthe ml
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR OREMATOR! (23d. LOCATION (City, town or county) (State)
DEMOVAL (Chaolist)	Iill Cemetery Washington D C
24. FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville Md.	DATE JUL 15 1966 KCharles Juage

. . . .

Prince decrees Ceneral Hospital 1914 Liveration Hope

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE IVE	16.8	10466 M	EDICAL EXAMINER'S	CERTIFICATE OF DEATH	10400
EALTH DEPT.		PLACE OF DEATH o. COUNTY Prince George	A MARYIAND	2. USUAL RESIDENCE (Where deceased lived, if institute a. STATE b. COU	
elay is id 3 to Page nent af death.		b: CITY OR TOWN (If outside corporate limits,	C. LENGTH OF STAY IN 16	Tennessee	PAI and give peggest town)
and and M3. F rtme rtme		write RURAL and give nearest tawn)	DOA		T G 5
PN PN part		Cheverly)	Johnson City d. STREET ADDRESS	/ / S
Den Tra		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi		,	e. IS RESIDENCE ON A FARM?
ges far		Prince George General I		1007 Division St.	YES NO
after death. It any delay 8. Give Pages 1, 2, and 3 alang with farm PM3. Pag with the State Department within 72 haurs after deat		NAME OF First DECEASED (Type or print) John	Middle Robert	Villiams 4. DATE Mon OF DEATH	th Day Year 7 30 19 66
	S.	SEX 6. COLOR OR RACE 7. MARR M White WIDOV		B. DATE OF BIRTH 1 Nov., 1949 9. AGE (In years last birthday) Yes.	IF UNDER 1 YEAR IF UNDER 24 HE Manths Days Hours Mir
thours Item 1 Office 1 and 2 y event	10a dur		Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
nn 24 th	_	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0.0/1
de de		IVON William	1.5	FHANCES KENN	edy.
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. I	NFORMANT A Elliott	Stil. The wing school
e shauld be the ward "pe to the ward "pe to the Chief burial-transit smattan, ar re		18. CAUSE OF DEATH (Enter anly ane cause per line PART 1. DEATH WAS CAUSED BY: 9298 IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause lost. (c)			INTERVAL BETWEEN ONSET AND DEATH Minutes
e, writ farwar g used a buria	ATION		ING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(σ)	19. WAS AUTOPSY PERFORMED? YES NO
ific d b	MEDICAL CERTIFICATION	PRIMARY Gor CONTRIBUTING		Enter nature of injury in Port I or Part II of item 18.)	
MINER: the cert 4 shault r files. e 3 shau gent, pr	CAL (Drowned while tr	ring to cross a river E OF INJURY (Hame, farm, 20f. (City ar town)	(Caunty) (State)
A a a a a a a	MEDIC	About 70m 7 28 1966 of	While Not While An	ory, street, affice bldg.etc.) Costia River Bladensber	g, P.G. Md.
Pageru Pageru Pr. P		21. I certify that I took charge af the	remains described above, he	ld an Autopsy 📑 Inspection 沫 Inqu	uiry 🕱, and in my opini
tar. Pa far CTOR: I		death resulted from: Natural Zouses	Scott Accident X Suici	de , Homicide , Undetermined m	nonner 🗌
		ACTUAL CONTRACTOR	Kallon	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
Sary, puneral y be r VERAL h ar it		EXAMINER'S John Keho	e, M.D.,	M.D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	7-30-66
no DEPUTY MES necessary, please the funeral direc 5 may be retain TO FUNERAL DIRE Health ar its des		BURIAL, CREMATION, 23b. DATE THEREOF, REMOVAL (Specify)	23c. NAME OF CEMETERY OR (CREMATORY 23d. LOCATION (City or To	m City, Tenn
VR A15ME (5)	24	. FUNERAL DIRECTOR IN W. Chamber	HIS GIVE ADDRESS	250. REC'D BY REGISTRAR 25b. RI	EGISTRAR'S SIGNATURE

4 4 AND THE REPORT OF THE PROPERTY OF THE PARTY

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH

		11 16 1113					
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY						
Prince George's MARYLAND		George's					
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)					
Cheverly 6 days	East Riverdale	4-1					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
Prince George's General Hospital	5422 56th Avenue	YES NO X					
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year					
(Type or print) Joseph IRA	Wilson DEATH July	1 19 66					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years IFUNDER last birthday) Months	Days Hours Min.					
Male White WIDOWED DIVORCED	7/20/00 6 yrs.						
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IDD. KIND OF BUSINESS OR INDUSTRY	CO	ITIZEN OF WHAT					
PLUMBER PLUMBING	WASHINGTON, D.C.	U.S.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
JACOB F. WILSON	EMMA GOERHLER						
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17	INFORMANT L. WILSON SAME A	e Ha					
(Yes, no, or unknown) (If yes give war or dates of service) 5780/4486 E	VELYN L. WILSON SAME A	5 1 2,					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: Multiple Pulmonar	ry Emboli	4-50445					
5-2-71 DUE TO							
Conditions, if any, which) (b) Chronic Pulmonary	Emphysema	1-1041					
gave rise to immediate							
cause (a), stating the DUE TO underlying cause last.							
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY					
Coronary Arteriosclerotic Heart Disea		YES NO					
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA Coronary Arteriosclerotic Heart Disea 20a. Accident was underlying 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury In Part I or Part II of Item 18	.)					
	CE OF INJURY (Home, farm, 20f. (City or town) (Col	unty) (State)					
ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto 20d. 20d.	ry, street, office bidg., etc.)						
21. I certify that (I) (Notexpanded) attended the deceased from	pul 1962 to 7-1- 196	that (1) (we last					
saw the deceased alive on 7-4- 1966, and that	death occurred at 12:15, from the causes and on t	he date stated above.					
22a. SIGNATURE 22b. DATE SIGNED							
Closed Oth M.D. ATTENDING MED. STAFF DIRECTOR PHYS.							
22c. PHYSICIAN'S 22d. ADDRESS							
NAME (Type) ALBERT ROTH M.D.	MIVERDALE, MD						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		unty) (State)					
BUBIAL P-5-1966 FT. LINCON		MARYLAND					
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE US &					
W.W. CHAMBERS GO THUERDALE, N	D DATE 1111 7. 1966 for	0 4					

Company Arthropheroric Heart Disease ...

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RESIDENCE SERVICE OF THE WORLD AND SERVICE SERVICES.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 101.60 CERTIFICATE OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.		TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral	leose remove corbon papers. Pages 1 and 2	and in ony event, within 72 haurs after death.)	0
N: The low requires that the death certification	or attending physician.	ote has been signed by the ottending physi	or use as the burial-transit permit. Then pl	eolth prior to burial, cremotion, or removal,		
TO HOSPITAL OR ATTENDING PHYSICIA	Poge 4 may be retained by the hospitol or attending physician.	TO FUNERAL DIRECTOR: After this certific	directar, page 3 should be detached for	should be filed with the State Dept. of H		1

10200	CERTIFICATE	OI DEATH				1. 17	LUT	
. PLACE OF DEATH		2. USUAL RESIDENCE (V	Where deceose	ed lived, if instituti	on: Reside	nce before	odmissio	on)
o. COUNTY		o. STATE		b. COUN				
Prince Georges	MARYLAND	Marvl		Pr	ince	Ger	orge	S
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou		e limits, write RUR	AL ond gi	ve neores	town)	
Mt Rainier		Mt Rain	nier			16-	1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street oddress)	d. STREET ADDRESS					ON A F	DENCE ARM?
4217 31st		4217 31	st					NO 🗌
. NAME OF First	Middle	Lost	4. DATE	Mont	h	Doy	Yeo	or or
(Type or print) John	Weslev	Wimer, jr	OF DEATH	July]	.3	19	66
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER		IF UNDER	
Male White W	VIDOWED DIVORCED '	7/21/ 1892	5	lost birthdoy) 7 3yrs.	Months	Doys	Hours	Min.
Oo. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or for			ITIZEN OF	WHAT	
luring most of working life, even if retired)	INDUSTRY	D-			(OUNTRY?		
U.S.Govt. 3. FATHER'S NAME	Attorney	14. MOTHER'S MAIDEN N	NAME		1	IIS	Α	
				3 • 1.3				
John W. Wimer Sr	16. SOCIAL SECURITY NO. 17. I	Lillie NFORMANT	Mae S	Addre	**			
(Yes, no, or upknown) (If yes give wor or dotes of ser	rico)	NFORMANI		Addie	35			
Yes WW1	579 07 1330	ANNA D. WE	HMER	4.217	315	rt.		
18. CAUSE OF DEATH (Enter only one couse pe	er line for (o), (b), ond (c).)						RVAL BET	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Toxic my	reardon	*			32	SET AND D	EATH .
3341 DUE TO	2		-					
Conditions if any which gave	Combatalona	la lea		Line		1/6	Zun	11
rise to immediate couse (o),	Court Court	nas compe	me a			100	7	- Clares
storing the underlying couse		V						
last. (c)						Tra		
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN	IN PART 1(o)		19.	WAS AUTO PERFORM	DPSY ED?
						YE		NO P
2Do. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in I	Port I or Port	11 of item 18.)				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
2Dc. TIME OF INJURY Month, Day, Year	2Dd. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form	20f.	(City or town)	100	ounty)	(Stote)
Hour o.m.	While Not While foch	ory, street, office bldg., etc.)		` '		7 "	· ·	
p.m.	ot work ot work	, ,	0/ == 1	00	- 10	.0.	. (1) (1.1
21. I certify that (I) (this hospita	affended the deceased from	the the second of	965, 10		<u>3</u> , 19.	rn ر <u>حے</u> ,	at (I) (we) last
saw the deceased alive an	ly 13 1965, and that	i death occurred of	4 4 4 IVI	Wrom couses				obove.
220 STGNATURE		ATTENDING (MED.	STAFF	22b. l	DATE SIGN	9	
franks ! Th	ee M.I	111101	DIRECTOR	L PHYS. L	1/	13/	66	
22c. PHYSICIAN'S NAME (Type) FRANK	R. SHEA	22d. ADDRESS 4100-	22ml	49 1	Vast	100	200	015
230. BURIAL CREMATION. 23b. DATE THEREO		CDEMATORY	1 234 100	ATION (City or Tox		(County)	/c	tote)
REMOVAL (Specify)		CKLMMTUKT	100000000000000000000000000000000000000	Mver	411)	Va	(2	1018)
Burial 7/18/6	6 Arlington	00. 0000			CICTDADIC		r	
	ADDRESS		BY REGISTRA		GISTRAR'S			
Lee Funeral Home	Washington	.D.C. DATE J	UL 1	5 1966	Ville	anla.		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removely and in any event, within 72 hours after death.

			MARYLAND S	TATE DEP	ARTM	ENT OF	HEALTH			
48	DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, N	MARYLAND
£	いなりみ		CERT	TIFICATE	OF	DEATH			11	0462

1. PLACE DF DEATH aCCOUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
trinco (teorge MARYIAND	a. STATE MARYLAND b. COUNTY CHARLES
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
FOREST UILLE 6-14-66-7-6-66	Port Tobacco Mt 08-2
NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
No see + R. L. L. M. C. J.	ON A FARM?
MANGE NENDO AT VERY ING CONTO	YES NO 🔀
3. NAME OF DECEASED OF STATE PRINTED	Last 4. DATE Month Day Year
Type or print) HITHUR EDMUND	100000 DEATH JULY 6 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
MIDOWED DIVORCED	19-1892 Tyrs. Worth bays hours will.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
LASUVANCE BANKEY INSURANCE	West Va. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HRCH LEE WOODDY	ESTELLE WHITMORE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
NO 215-03-1954A	DR. ARTHUR O. WOODDY, LAPLATA, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CREDRA VA	SCULAR ACCIDENT BOAYS
33/X DUE TO	1 N 1-11
Conditions, if any, which \ (b) // (Dept en si	on - Houte Kount Failure Months
gave rise to immediate cause (a), stating the DUE TO	1
underlying cause last. (c) IR em//	months
CATI	PERFORMED? YES \ NO \
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO DEATH BUT NOT RELA	mass (Enter make of many in part of the transition and)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Mille Mot Mille Ma	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital), attended the deceased from	Trans 1/2 10 6/2 to 17/1/4 / 10/6/2 shot (1) (up) lost
	death occurred at M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
My Sheer M.D.	ATTENDING MED. STAFF
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
MANIE (TYPE) WALTER DI SITEER	7200 MAR/BORD PIKE S.E. WASH 28DC.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 230 LOCATION (City, town or county) (State)
BURIAL 7-9-66 LORRAINE PAK	and a Kanina a Ma
	CEM. DALTIMORE, IIID.
24. FUNERAL DIRECTOR , ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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PRESTON STREET, BALTIMORE, MARYLAND 21201

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. P. Ttem 8 Film G3780 CERTIFICATE OF DEATH 10470

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X		alle V min	0 0							~
		PLACE OF DEATH o. COUNTY	Prince Ge	orges	MARYL	AND	2. USUAL RESIDENCE (a. STATE	Where deceased lived, if instituti b. COUN		efore odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly October 19				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D. C.					
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)					d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				
0	Adsacorda Rest Home					YES NO N				
	3. NAME OF DECEASED (Type or print) Elizabeth K. Middle Woodw				ward 4. DATE Month Day Year OF July 5, 1966. 19					
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		K	8. DATE OF BIRTH 18	I vobatila isali	Manths Da				
		emale	white	WIDOWED			Aug 25, 18	95 71 yrs.		
	10b. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR NDUSTRY US GOVERNMENT			ıt	11. BIRTHPLACE (County & State, or fareign country) Atlanta Georgia 12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME Woodward					14. MOTHER'S MAIDEN NAME Elizabeth Holloway				
	1S. (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dotes o	f service) 16.	SOCIAL SECURITY NO.		nformant nest Woodw	ard St Peters		lorida
SOLUTION STATE			, which gave) e cause (o),	(a)	r (a), (b), and (c).) Congestion		MEANT ? TIC HEM	FAILUNE NT) 14EA	se	INTERVAL BETWEEN ONSET AND DEATH 3 VM S
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTO PERFORME YES								19. WAS AUTOPSY PERFORMED? YES NO	
	L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCC	URRED.	(Enter nature af injury in	Part I or Port II of item 18.)		
	MEDICAL	2Dc. TIME OF INJU Haur a.r p.r	10	2Dd. I While at wo	Nat While		CE OF INJURY (Home, form ary, street, affice bldg., etc.		(County)	(Stote)
j		21. I certify that (I) (this haspital) attended the deceased from 7/13, 1963 to 7/5, 1966 that (I) (we) last sow the deceased olive on 7/4, ond that death occurred at 8 M, from causes and on the date stated obove.								
/		22a. SIGNATURE ATTENDING MED. STAFF 7/5/66								
		22c. PHYSICIAN'S NAME (Type) Norman) - (omean 3503 Perrys, Not Maxwich								
	23a	BURIAL, CREMATIC	on, 23b. DATE THE		Ft Linco		CREMATORY Crematory	23d. LOCATION (City or Tox		unty) (State)
1	24	FUNERAL DIRECTO	R		ADDRESS tsville, Mo			D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNA	ATURE Quedge

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and though event, within 72 hours ofter death Page 4 moy be retained by the hospital or ottending physician.

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	Your Have Strang Livery		
petroct en	race I now heath on I steraw		
• 1	Tanning Tomaco - Visionanoni.	naganti a	1/0/X military

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages-1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10161

	-	Trom 7 Falls (12/10 716 /2	1				
	ince George's	MARYLAN	a. STATE	NCE (Where deceased	lived, If institution: b. COUNTY	Residence before admission)		
write RURA	NN (if outside corporate lim L and give nearest town) everly	c. LENGTH OF STAY IN 38 days	1b c. CITY OR TOWN	(If outside corporat	e Ilmits, write RURA	L and give nearest town)		
d. NAME OF HO	OSPITAL OR INSTITUTION (if	not in hospital, give street addre		4		e. IS RESIDENCE ON A FARM?		
Pr	ince George's	General	Rt.	2, Box 3	00	YES NO		
3. NAME OF DECEASED (Type or print)	First Florer	Middle ICE	Young Last	4. DATE OF DEATH	Month July	Day Year 1 1966		
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGI	(In years IFUNDE birthday) Months	R 1 YEAR IF UNDER 24 HRS		
Female		DOWED DIVORCED	4/21/42	2	4 yrs.	Days Hours Min.		
during most of wor	TION (Give kind of work done king life, even If retired)	10b. KIND OF BUSINESS OR INDUSTRY		(County & State, or fo		CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAT			14. MOTHER'S MA					
MTTT	iam Harper		Mary	Johnson				
15. WAS DECEASED	EVER IN U.S. ARMED FORCES (1f yes give war or dates of service	(P)	17. INFORMANT		Address			
	(Tryongrid in an account		Herbert O.	Young Che	eltanham.	Md.		
Conditions, If gave rise to cause (a), sunderlying cau	any, which immediate stating the see last. (b)	Clyplantie DITRIBUTING TO DEATH BUT NOTE	anemia.	LI DISEASE CONDITIO	ANCIVEN IN DADT 1/0	ONSET AND DEATH		
ICAT						YES NO		
	WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY O	CCURRED. (Enter nature	of Injury In Part I	or Part II of Item 1	8.)		
Hour a.	INJURY Month, Day, Year m. .m. 19	20d. INJURY OCCURRED 2De. While Not While at work	PLACE OF INJURY (Home, actory, street, office bldg.	, farm, 2Df. (City , etc.)	or town) (Co	ounty) (State)		
21. I certi	fy that (I) (this hospital)	attended the deceased from.				66, that (I) (we) last		
	saw the deceased alive on July 1, 1966, and that death occurred at 10.5 %, from the causes and on the date stated above.							
	22a. SIGNATURE Lanford Young M.D. ATTENDING MED. STAFF 22b. DATE SIGNED MED. DIRECTOR PHYS.							
22c. PHYSICI NAME (1	unal /	Young, M. D.	22d. ADDRESS 4400 Sta	mp Road. I	emple Hil	ls. Md.		
23a. BURIAL, CREI	MATION, 23b. DATE THERE	OF 23c. NAME OF CEMEN	ery or crematory		ON (City, town or co			
						/////		

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Prince Server Suidave Brandyrine

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hours after death. funeral death completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after n and completely filled in remove carbon papers. If g any event, within 72 hou executed within physician a n please re val, and in a The law requires that the death certificate be the attending phi or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or a PHYSICIAN: The law requires that the hospital or attending physician. OR ATTENDING be retained by Page 4 may b

1.

3.

CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Prince George's Prince George's MARYI AND b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b Cheverly 10 days Lewisdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 2410 Griffin Street Prince George's General Hospital NO YES NAME OF First Last 4. DATE Month Middle Day Year DECEASED OF DEATH 19 66 July 8 (Type or print) Mary Yuhasz SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours White 1-13-88 78 Female WIDDWED XX 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) CDUNTRY? U.S.A. 13. FATHER'S NAME MDTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkewn) (If yes give war or dates of service) NTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE 1041 DUE TO Conditions, If any, which gave rise to immediate DUE TO (a), stating cause underlying cause last. (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES ND X 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While p.m. at work at workto July June 28 66 19 21. I certify that (his hospital) attended the deceased from 66, and that death occurred at 3:30M, from the causes and on the date stated above. saw the deceased alive on July 19 22a. SUSNATURE DATE SIGNED 22b. am ATTENDING MED M.D. PHYS. DIRECTOR PHYS. 22C. PHYSICIAN 22d. ADDRESS Angus McLaurin, 3415 NAME (Type) M.D. St. Hyattswille, Md. Hamilton 23d. BURIAL CREMATION, 23b. REMOVAL (Specify) NAME OF CEMETERY OR GREMATORY DATE THEREOF 23c. ~LOCATION (City, town or county) (State) FUNERAL DIRECTOR BY REGISTRAR 250. REGISTRAR'S SIGNATURE 25a.

VR A15 (4) 15M 4-64

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. N. Annun Molaurin. ".U. 3415 hamilton St. vertrillie, Nd.

FOR STATE

HEALTH DEPT.

delay is

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

and 2 with the State Department of any event within 72 hours after death.

Heolth or its designated ogent, prior to burial, cremotion, or removol, and in

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page Office along with form PM3. Poge TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File 5 may be retained for your files.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 301

10473

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)						
o. COUNTY Prince George's MARYLAND	Maryland Prince George's						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Cheverly DOA	Glass Manor /6-/						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
Prince George General Hospital	215 Marcy Avenue						
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year OF						
(Type or print) Emanuel D.	Zazanis DEATH 7 6 1966						
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.						
Male White WIDOWED DIVORCED	3 Aug. 1903 62 yrs.						
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT						
Waiter Shoreham Hote]							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Demetrious Zazanis	Sophia Economon						
(Vas. no. or unknown). (If you give were or detector of convice)	INFORMANT Address						
Lois A. Zazanis-215 Marcy Av							
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	Glass Manor, Montrol Between Onset and Death						
IMMEDIATE CAUSE (o) Reart lallure	minutes						
4200 DUE TO							
Conditions, if only, which gove rise to immediate couse (o), (b) Arteriosclerotic heart disease unknown							
stoting the underlying couse Due 10							
last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?						
ICATI	YES NO 🔼						
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 200. TIME OF INJURY Month, Doy, Yeor Hour o.m.	(Enter noture of injury in Port I or Port II of item 18.)						
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)						
While of work of twork of twork	tory, street, office bldg., etc.)						
21. I certify that I took charge of the remains described above, he	eld an Autopsy 🔲 , Inspection 🗽 Inquiry 😓 , and in my opinion						
deoth resulted from: Notice couses , Accident , Suid	cide, Homicide, Undetermined monner						
ACTUAL CHIEF MEDICAL EXAMINER							
SIGNATURE CONTROL OF THE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED						
EXAMINER'S John Kehoe, M.D. Riverdale, Md.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 7-7-66						
230. BURIAL, CREMA 23b. DATE THEREOF 23c. NAME OF CEMETERY OR							
Burity 7/9/66 Cedar Hill							
The S. H. Hines Company Washington, DC DATE JUL 11 1966 Clarks Judge							

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